

RESIDENTIAL SECURITY MAP

LEGEND

- 1 FIRST GRADE
- 2 SECOND GRADE
- 3 THIRD GRADE
- 4 FOURTH GRADE
- 5 SPARSELY BUILT UP
- 6 INDUSTRIAL
- 7 COMMERCIAL
- 8 UNDEVELOPED OR FARMLAND
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Letter from the Commissioner of Health

2022 Community Health Assessment

Greetings,

I am thrilled to share the 2022 Milwaukee Community Health Assessment (CHA) with you. The CHA process examines the overall health needs of the residents of the city of Milwaukee and allows us to continuously evaluate how best to improve and promote the health of the community.

A significant amount of data has been reviewed during this planning process, and the Milwaukee Health Department has been careful to ensure a variety of sources were used to deliver a truly comprehensive report. Assessment methods included both existing (secondary) data as well as new (primary) data collected directly from the community throughout this process.

The COVID-19 pandemic drastically affected the health of our city. The virus shocked the system and transformed the way we work, live, and interact with each other. Sadly, the pandemic also highlighted the racial inequities in our city and the increased likelihood of severe COVID-19 illness and death in residents of color.

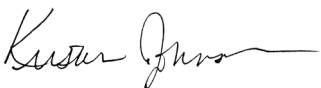
As the Milwaukee Health Department looks toward pandemic recovery, we are mindful of our city's history and its influence on the health disparities of our residents of color compared to white non-Hispanic residents. Recognizing our past will help us inform strategies to shape and improve the health of those most disproportionality impacted by poor health.

The purpose of this document is to better understand, quantify, and articulate the health needs of Milwaukee residents while considering ways to do so in a fair and equitable way. Key objectives of this CHA include:

- Identifying the unique health needs of our residents
- Understanding the racial and geographic health disparities within the city of Milwaukee
- Understanding the challenges residents face when trying to maintain and/or improve their health
- Understanding where underserved populations turn for services needed to maintain and/or improve their health
- Understanding what is needed to help residents maintain and/or improve their health
- Prioritizing the needs of the community to clarify and focus on the highest priorities

Please join us in continuing this conversation and being part of the health improvement planning beyond this report. I look forward to working with you to make Milwaukee an anti-racist, healthy, and equitable place for everyone.

Sincerely,



Kirsten Johnson, MPH, CPH, CHES
Commissioner of Health

Acknowledgments

Conducting a large-scale community health assessment (CHA) during a pandemic was a significant challenge. Members of the Milwaukee Health Department (MHD) were redeployed at multiple phases of the pandemic. In order to maintain the safety of staff and the residents we served, face-to-face interactions with the public were suspended.

As a result, MHD relied on resident survey data provided by the Milwaukee Health Care Partnership (MHCP) and survey data from MHD's strategic planning process. The MHCP data included a subset of city residents who completed the Community Health Survey, participated in key informant interviews and focus groups.

Both datasets were invaluable in assessing the health indicators and priorities of city of Milwaukee residents. The MHCP survey was fielded from August through October 2021, and the focus groups and interviews were held July through September of 2021.

We appreciate all city residents and health stakeholders who collaborated with the MHCP and MHD to assess the health of our city during this challenging time. We look forward to incorporating further feedback and priorities as we move into the MKE Elevate Community Health Improvement Plan (CHIP) cycle.



**For more information about MKE Elevate
and to take the survey please click below:**

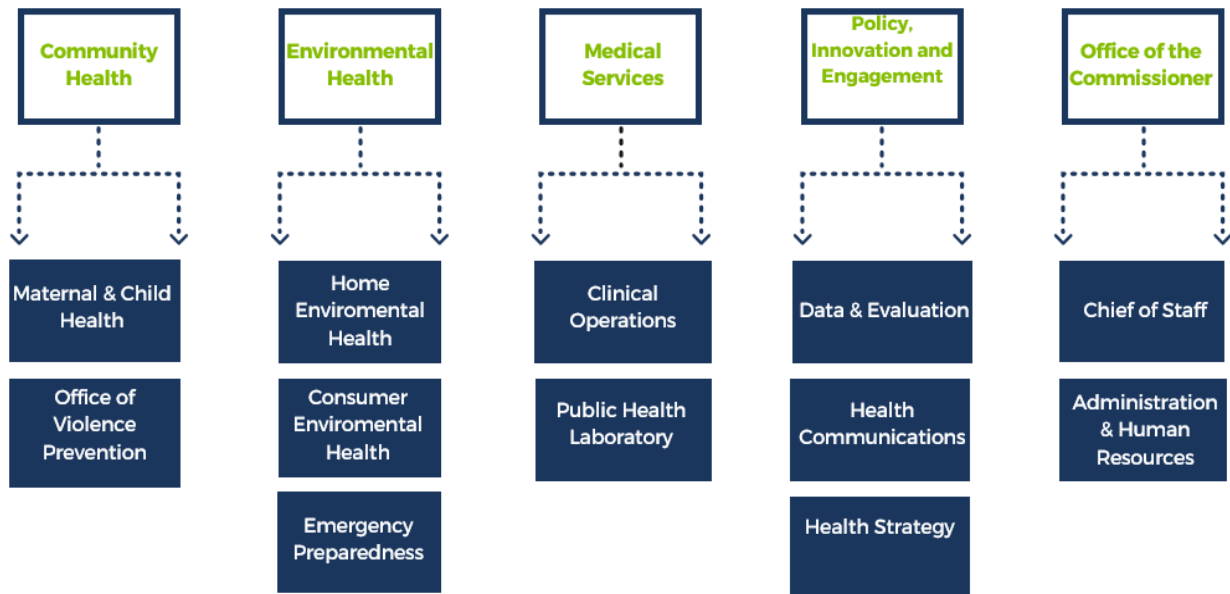
milwaukee.gov/Health/MKE-Elevate

City of Milwaukee Health Department

Overview

MHD BRANCHES AND DIVISIONS

The MHD carries out our mission through five branches consisting of 12 divisions



Since 1867, the City of Milwaukee Health Department (MHD) has served all residents seeking to improve and protect the health of all who live, work, and play within the city. Although most of the department's programs and interventions have changed, over 150 years later the department remains steadfast in this mission.

For more information visit:

city.milwaukee.gov/health

Executive Summary

2022 Community Health Assessment

Health of the City of Milwaukee

The health of the entire city is difficult to quantify in one simple measure. How we move about the world is influenced by many factors like food, healthcare, and our physical environment. A person's overall health is also influenced by the history of our families, communities and the city we live in.

The COVID-19 pandemic further illuminated existing health disparities in our communities of color. For example, higher rates of diabetes and hypertension in communities of color put those residents at higher risk of severe illness and death compared to white, non-Hispanic residents.

As one key informant noted,

“Impact of COVID greater in communities of color because of how minority communities have been treated, trust level is a hurdle, this is why places like churches, places where people feel comfortable is where the word needs to come out to help with trust.”

This report should be used to inform and generate more questions about what our city can do to be healthier. The following pages describe the Community Health Assessment process, followed by the health indicators for our city.



Executive Summary

2022 Community Health Assessment

Key Indicators In Milwaukee



Gun Violence in 2021:

Race:	Victims:
White	11.3%
Black	88.2%
Ethnicity:	Victims:
Non-Hispanic	92.1%
Hispanic	7.9%

Data Source: Medical College of Wisconsin; Milwaukee Homicide Review Commission



Syphilis Rate in 2021:

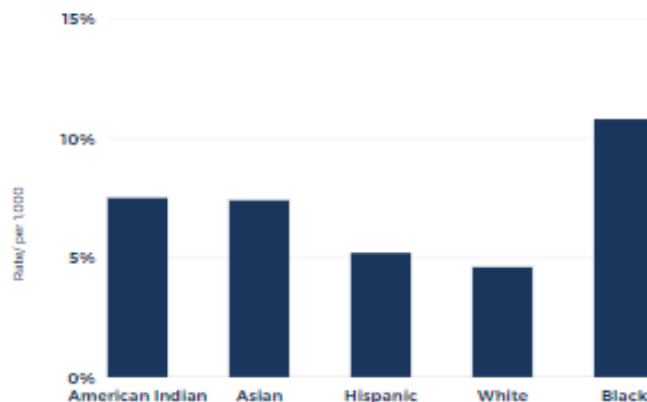


** Values based on counts 1-5 have been suppressed

Data Source: Wisconsin Electronic Disease Surveillance System (WEDSS), Accessed June 6th, 2022



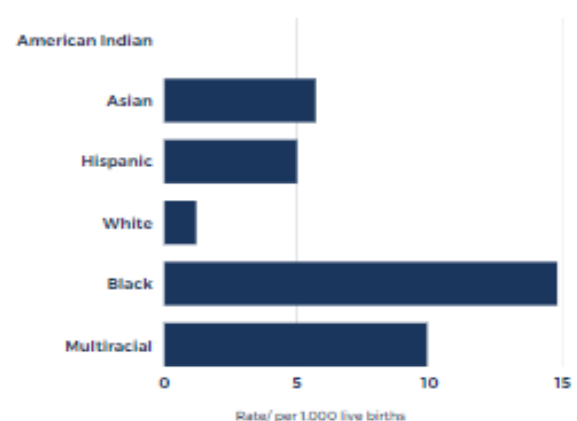
Percentage of Childhood Testing with Elevated Blood Lead in 2019



Data Source: City of Milwaukee Health Department



Infant Mortality Rate in 2021



Data Source: City of Milwaukee Vital Statistics Office

Executive Summary

2022 Community Health Assessment

Primary Data

The majority of residents surveyed through the Milwaukee Health Care Partnership's survey identified access to either healthcare or mental health services were top needs. This was closely followed by gun violence and community safety.

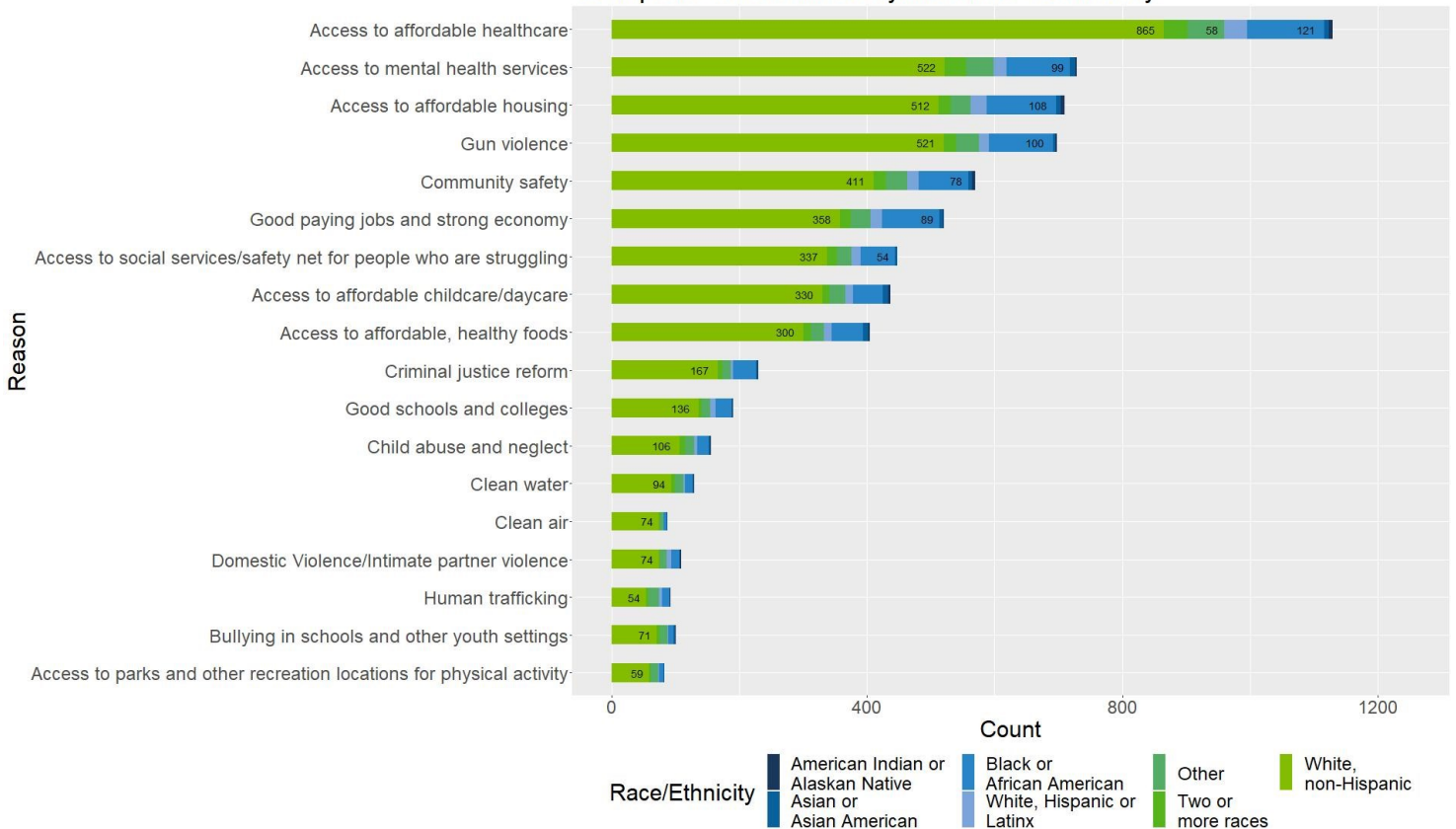
Additional data was captured through the MHD strategic planning process. Through surveys and key informant interviews mental health, crime and safety, built environment, health services, food and nutrition, and infectious and chronic diseases were also key needs identified.

23.9%

Respondents reported health access issues in their top priorities.

Includes: affordable healthcare and mental health services

Most important community needs that have to be addressed to improve health for everyone in the community



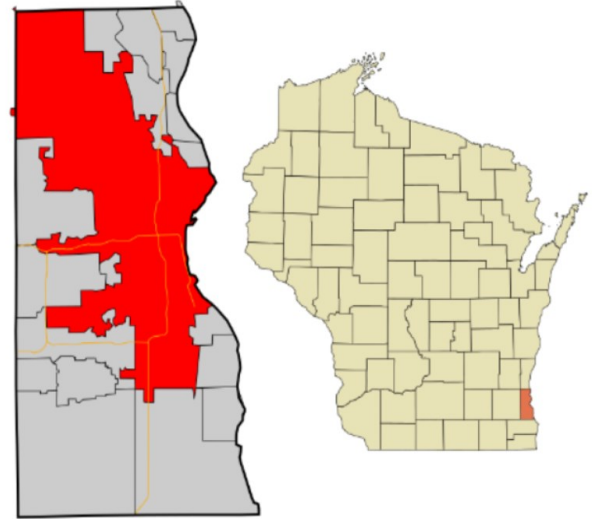
City of Milwaukee

General Information

The 96.12 square miles of the city of Milwaukee is located within Milwaukee County directly on the shores of Lake Michigan. Per the 2020 American Community Survey, the city of Milwaukee has an estimated total population of 577,222, a decrease of approximately 1.4% since 2010.

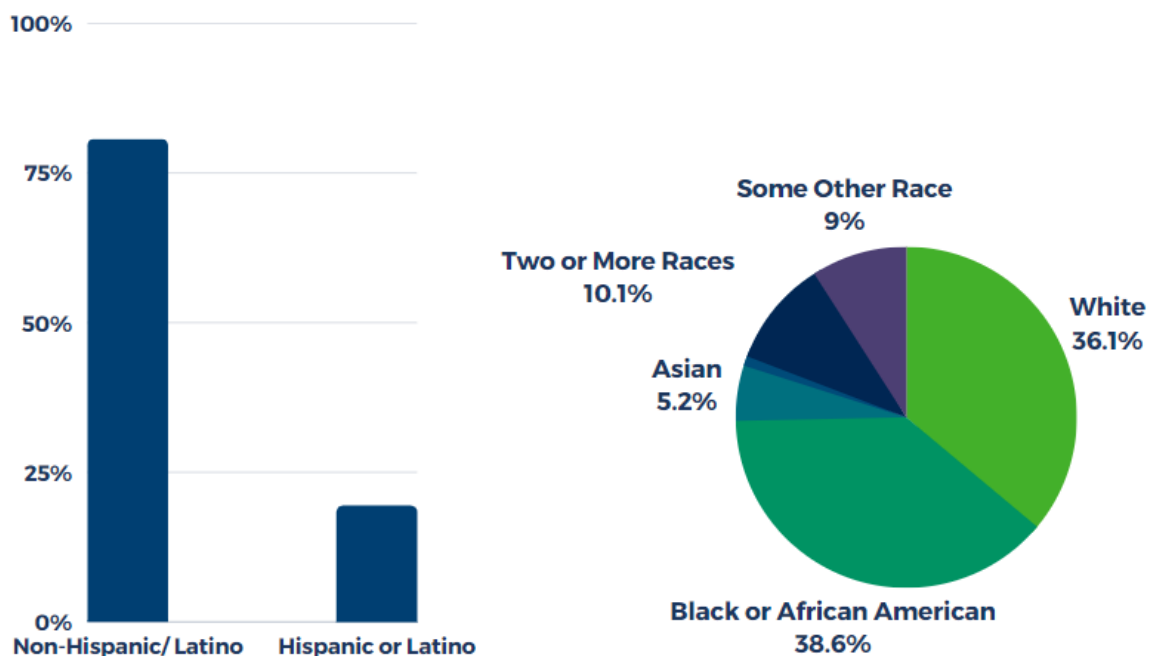
Milwaukee County and the city of Milwaukee are urban areas, with 0.02% of the county defined as rural. The estimated population density of the city of Milwaukee is 6,188 per square mile, compared to 3,926 per square mile in Milwaukee County and 105 in the entire state.

The recent 2020 census points to an increasingly racially and ethnically diverse City of Milwaukee population.¹ While our population demographics are changing, the city remains highly segregated by race and ethnicity.⁵



With each Community Health Assessment (CHA) completion, we continue to identify Black/ African American, non-Hispanic, and White, Hispanic residents experiencing higher rates of chronic diseases clustered in concentrated areas of the city.³ This has not happened by chance.

City of Milwaukee Race and Ethnicity

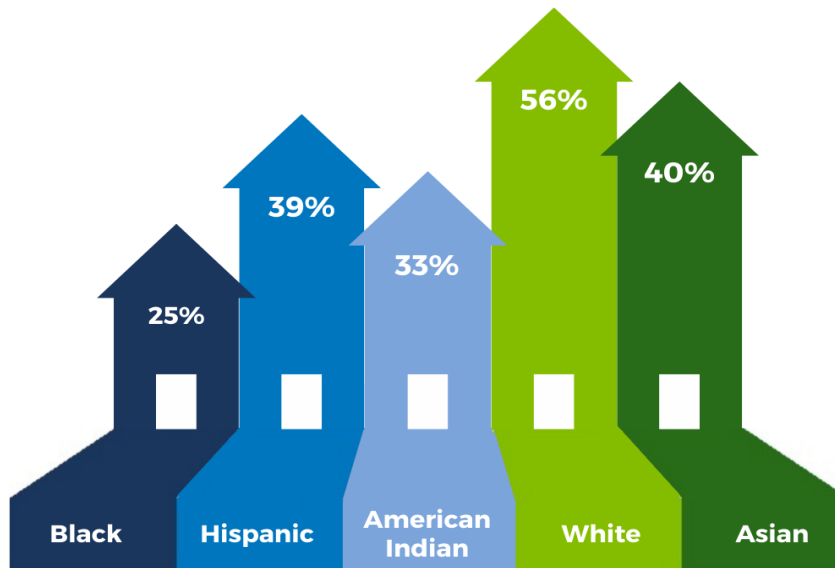


Data Source: American Community Survey, 2020

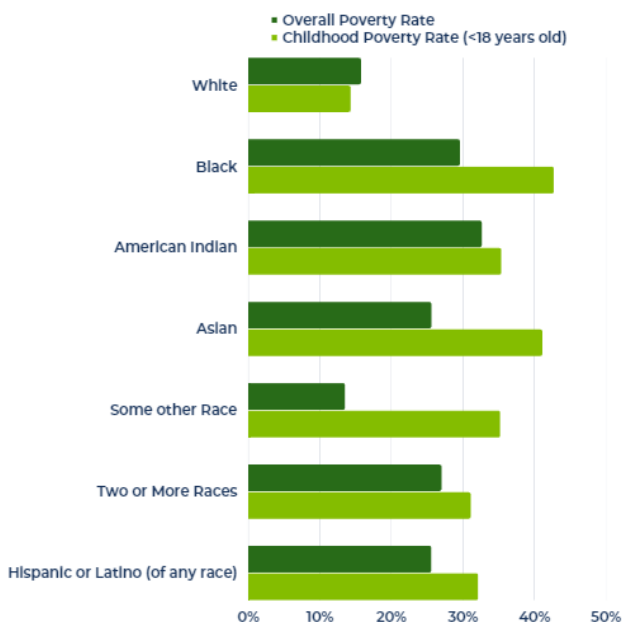
City of Milwaukee

Citizens of Milwaukee

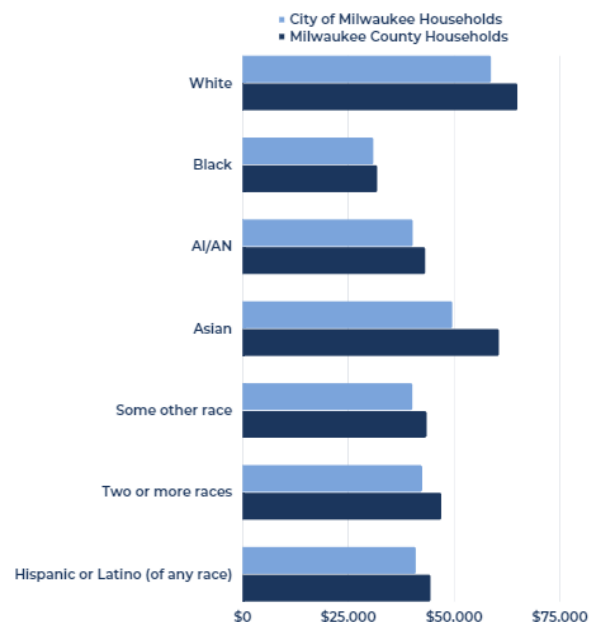
Home Ownership in City of Milwaukee



Poverty Rates in the City of Milwaukee by Race and Ethnicity:



Median Annual Household Income by Race and Ethnicity:

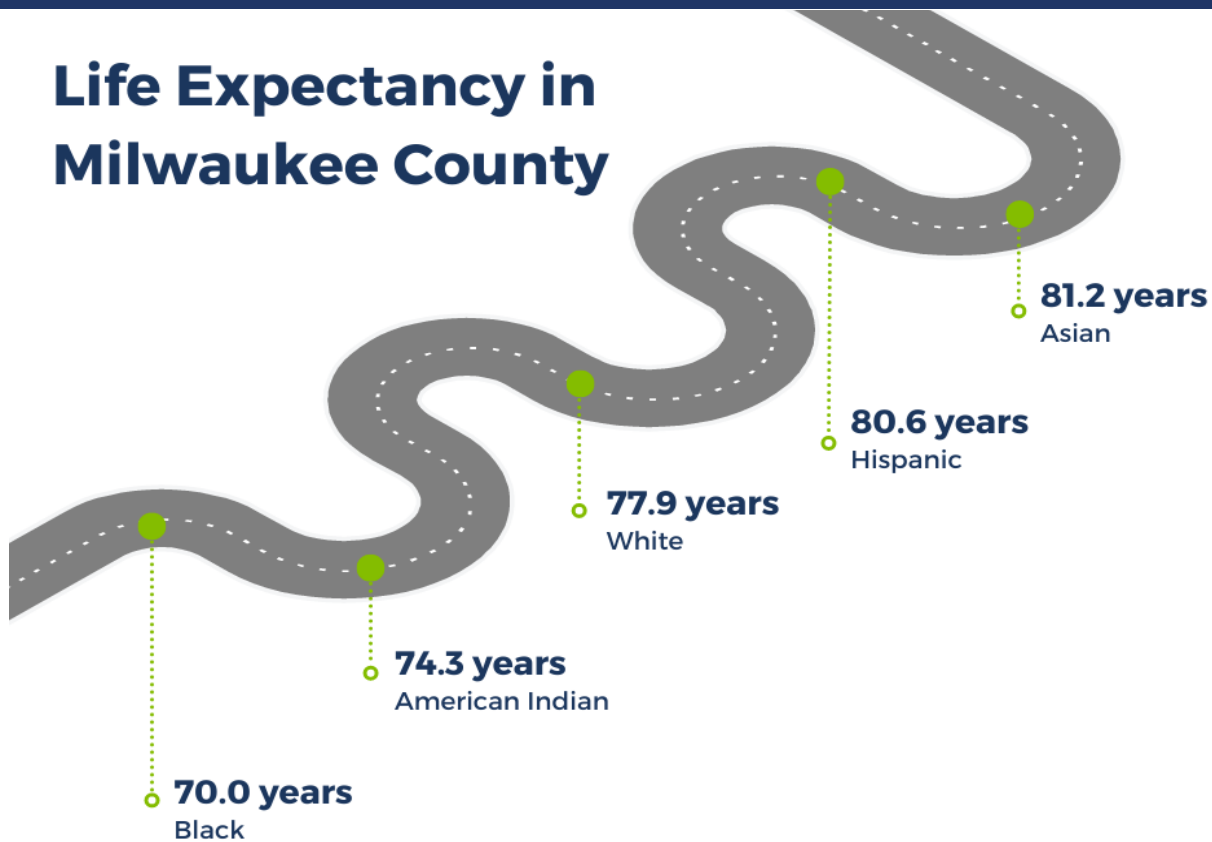


All data from this page: American Community Survey 2020

City of Milwaukee

Life and Death Demographics

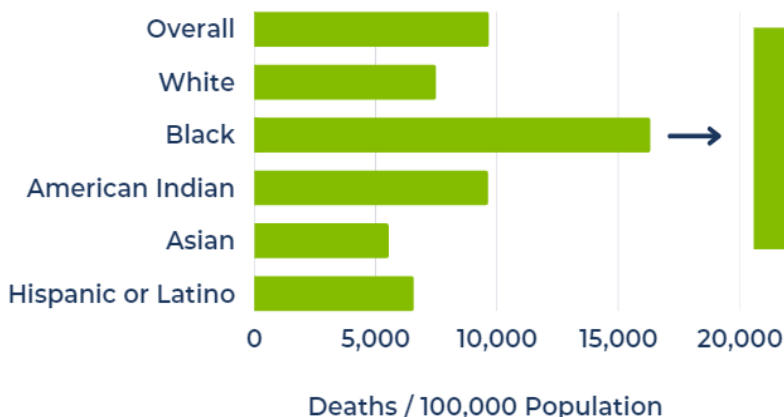
Life Expectancy in Milwaukee County



Source: County Health Rankings 2018-2020

Premature Death in Milwaukee County by Race and Ethnicity

Years of potential life lost before age 75 per 100,000 population (age-adjusted)



At
16,285.9 deaths / 100,000 population,
the premature death rate for Black Milwaukeeans is
68.98% greater
than the overall death rate for the County.

Data Source: County Health Rankings 2018-2020

City of Milwaukee

History of a Segregated City

In the wake of the Great Depression, the federal government created the National Housing Act of 1934 which gave rise to the Federal Housing Administration.⁴ During this time, the Home Owners' Loan Corporation (HOLC) was commissioned to help stabilize mortgages and lending for homeowners. HOLC assessors traveled around the country evaluating neighborhoods for varying degrees of risky investments. The maps they created were to be used to inform lending and investment decisions. Everything from age of homes to aesthetics and environmental hazards were utilized to make these maps. In addition, the characteristics of the people who lived in each neighborhood were included in the ratings.

In Milwaukee, areas of the city with high concentrations of immigrants and people of color were marked as lower grade and high-risk investment areas. Neighborhoods with aging housing stock and close proximity to environmental hazards such as factories or railroads were deemed risky investments.⁵ Milwaukee neighborhoods with the highest HOLC ratings were exclusively White and, in many cases, had racial covenants prohibiting selling property or land to non-White individuals. The HOLC maps continued to be used for years, shaping mortgage lending and investments in the city.⁵

In 1946, the Citizens' Governmental Research Bureau documented the deteriorating state of the city after World War II, especially for African Americans.⁴ Racism was a large contributing factor that continued to erode the housing stock, employment opportunities, and public infrastructure of the city's inner core. Black and African Americans moved into neighborhoods that white residents left during the 1960s.^{4,5}

The combination of the HOLC redlining that institutionalized divestment in areas with people of color, aging housing stock, and proximity to environmental hazards further buttressed the racist practices of racial covenants in the communities around the city of Milwaukee.⁴⁻⁶ The city of Milwaukee has remained highly segregated since the HOLC assessments.⁸

Segregation, racism, and health

The racism of the HOLC redlining and segregation of people of color into the inner core of the city⁶ has held a lasting effect on where people live.⁷ Segregation indices continue to point to high levels of Black-White segregation.⁷

The link between the past redlining practice and areas of continued social and economic disadvantage is well documented.¹² Poorly rated HOLC neighborhoods map to current census tracts with high levels of disadvantage compared to the highly rated HOLC neighborhoods of today's census tracts.

As segregation continued over generations, the ability for individuals to move out of disadvantaged areas has proved to be extremely difficult.¹³ The deep, far reaching effects of racism present a public health crisis. As we look forward to improving the health of our city, it is critical to understand our city's historic policies and events that have contributed to disparate conditions and access among communities of color. Structural drivers of health like employment, educational attainment, and income rank lower in communities of Black and White Hispanic residents.⁹ In addition to these social determinants of health, the effects of perceived racial discrimination on levels of stress for persons of color are well documented.^{10,11} This is what the phrase, "racism as a public health crisis" refers to.

City of Milwaukee

Segregation, Racism & Health

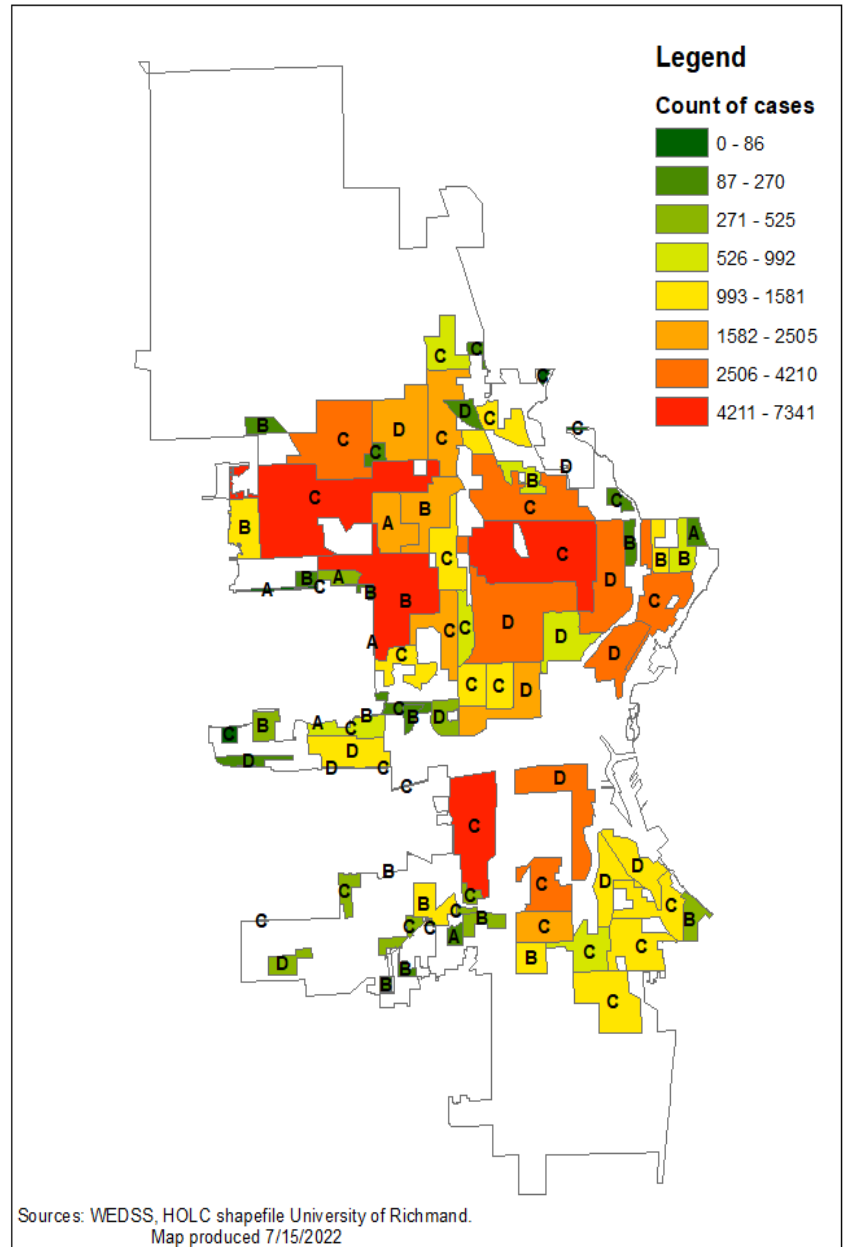
COVID-19 Pandemic

The structural drivers of redlining and racism have focused high disease burdens to the segregated Black and Hispanic communities on our north and south sides of the city. Chronic diseases like kidney disease, heart disease, diabetes and lung cancer overlap with these segregated communities.¹⁴ Unfortunately, these underlying conditions placed Milwaukee's communities of color at higher risk for severe illness and death from COVID-19. When the SARS-CoV-2 virus swept through the city, communities of color accounted for high percentages of cases and deaths.^{15,16}

Historic segregation and redlining in our city have maintained lingering effects on the health of our residents of color. To illustrate that relationship, the adjacent map plots the number of COVID-19 cases by HOLC graded region of the city. While there is some variation, largely the areas that were rated poorly in the 1940-50's maintained the highest disease burden during the COVID-19 pandemic.

As we evaluate the health of our city, we have to acknowledge our past and use that to inform how we invest in the future of our city's health.

Cumulative COVID-19 cases
3/2020-7/2022 by HOLC grades



For more information about government actions that have shaped the history of race in Milwaukee over the last 200 years, check out the [Office of Equity & Inclusion's timeline](#).

Children playing at the Hillside housing project.
Source: Housing Authority of the City of Milwaukee

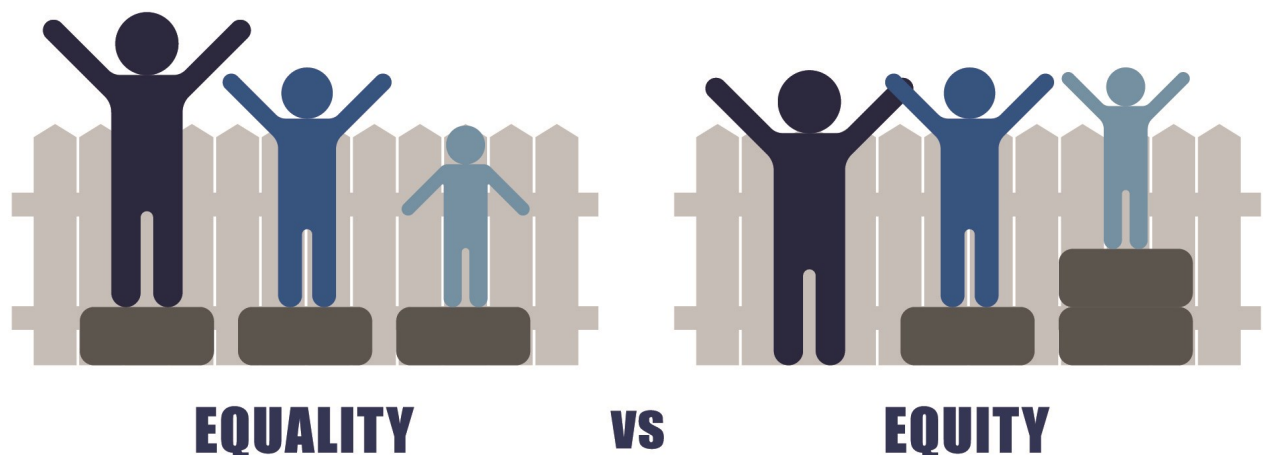
Culture of Health

What is a Culture of Health?

Health is greatly influenced by complex factors such as where we live and the strength of our families and communities. **"Culture of Health"** is a collective term used to describe the conditions and environment in which we live and the manner in which those conditions influence our health. A critical aspect of a Culture of Health is **health equity**, which in essence means we all have the opportunity to be as healthy as possible. A wide variety of disparities or variations, in age, race, income, sexual orientation, gender, culture, language, and religion, can all present barriers to health equity and access to needed services and providers. The ability and determination to assess these issues and disparities will profoundly impact our ability to improve health throughout our community. Both the social and physical environment in which we live has been shown to impact our quality of life, and ultimately our health.

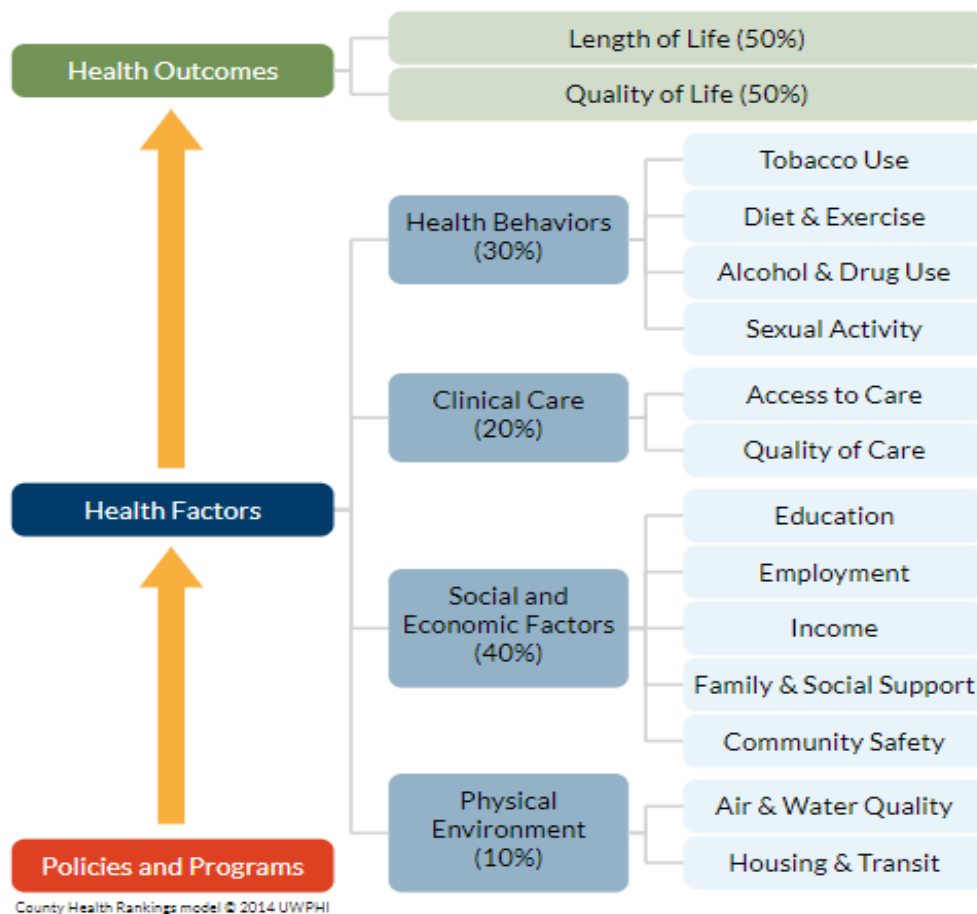
Health disparities are significant differences in health indicators or in determinants of health such as education, safe housing and discrimination between two groups. Health disparities are typically present between more advantaged groups like White non-Hispanics and Black or African Americans. For example, the infant mortality rate in the city is almost 15 times worse for Black births compared to White non-Hispanic births.

Health equity and health disparities are closely related to each other. Reducing and ultimately eliminating health disparities is how we measure progress toward health equity. This requires removing obstacles to health (i.e., poverty, discrimination) and promoting equitable access to affordable health care, quality education, and safe housing.



Social Determinants of Health

Overview



Social Determinants of Health — What determines our community's health?

The health of our community is like a building —It depends on a strong and stable foundation. Things like quality education, safe and affordable housing, community safety, access to healthy foods and employment opportunities create positive health outcomes for everyone. Where people live, learn, work, and play affect a wide range of health outcomes. These conditions are known as social determinants of health. The 2022 Community Health Assessment (CHA) is grounded on this framework of multiple factors that come together to influence the health of city residents .

Health is more than the decisions that we make at an individual level. According to models developed by the CDC, health behaviors make up only 30% of our overall health. 70% of our overall health is determined by factors that are bigger than the choices that we make on a daily basis. With this in mind, we cannot focus solely on health outcomes. We must look at the bigger picture, focusing on what truly determines our health.

The 70% of our health that's made up of factors beyond our individual health behaviors and choices include the categories listed above. Recognizing this, the MHD strives to address not only health behaviors, but to build partnerships, analyze policies, and engage in strategies which improve community conditions. By exploring the social determinants of health in the CHA, we can capture a more comprehensive picture of the health of Milwaukee.

Social Determinants of Health

Overview

Inequities in the social determinants of health can put racial and ethnic groups at increased risk for poor health in general and at risk of getting sick and dying from COVID-19 include:



Discrimination: Unfortunately, discrimination exists in systems meant to protect health, such as: healthcare, housing, education, criminal justice, and finance. Discrimination, which includes racism, can lead to chronic and toxic stress and shapes social and economic factors that put some people from racial and ethnic groups at increased health risks.



Healthcare access and utilization: People from some racial and ethnic groups are more likely to be uninsured than non-Hispanic Whites. Healthcare access can also be limited for these groups by many other factors: lack of transportation, child care, ability to take time off of work, communication barriers, cultural differences between patients and providers, and historical and current discrimination in healthcare systems. Some people from racial and ethnic groups may hesitate to seek care because they distrust the government and healthcare systems responsible for inequities in treatment and historical events.



Occupation: People from some racial and ethnic groups are disproportionately represented in essential work settings such as healthcare facilities, farms, factories, grocery stores, and public transportation. Various factors impact the potential for health risks, such as close contact with the public or other workers, not being able to work from home, and not having paid sick days.



Educational, income, and wealth gaps: Inequities in access to high-quality education for some racial and ethnic groups can lead to lower high school completion rates and barriers to college entrance. This may limit future job options and lead to lower paying or less stable jobs. People in these situations often cannot afford to miss work, even if they're sick, because they do not have enough money saved up for essential items like food and other important living needs.



Housing: Some people from racial and ethnic groups live in crowded conditions that make more challenging to follow prevention strategies. In some cultures, it is common for family members of many generations to live in one household.

These factors and others are associated with more COVID-19 cases, hospitalizations, and deaths in areas where racial and ethnic groups live, learn, work, play, and worship. They have also contributed to higher rates of some medical conditions that increase one's risk of severe illness. In addition, community strategies to slow the spread of COVID-19 may cause unintentional harm, such as lost wages, reduced access to services, and increased stress, for some racial and ethnic groups.

Community Health Assessment

Overview

A community health assessment (CHA) is both a process and a document, and is the foundation for improving and promoting the health of city residents. Through this CHA, the City of Milwaukee Health Department (MHD) seeks to investigate the current health status of the community, describe changes since the previous assessment, and identify opportunities to improve the health of the community.

The process involves the collection and analysis of a large range of primary and secondary data, including demographics, socioeconomic and health statistics, environmental data, and primary data such as personal self-reports and public opinion collected by survey, focus groups, or other methods.

This document is a summary of available evidence and will serve as a resource for the development of MKE Elevate the City of Milwaukee Community Health Improvement Plan (CHIP). Wisconsin state statute and Public Health Accreditation Board requirements call for local health departments to conduct a comprehensive community health assessment at least every five years.

Parallel to this CHA, as part of the Affordable Care Act, non-profit hospitals must conduct a “community health needs assessment” at least every three years. In Milwaukee, community health assessment is guided by a public/private partnership. In the development of this CHA, the MHD was part of a regional effort led by the Milwaukee Health Care Partnership (MHCP), a consortium that includes area health systems, federally qualified health centers, academia, and public agencies dedicated to improving health care for underserved populations in Milwaukee County (a listing of members can be found at <http://mkehcp.org>). The MHCP affords members the opportunity to align resources in completing a community health survey, key informant interviews, and collection and analysis of secondary data that are required for completion of this report.

Primary Data

2022 Community Health Assessment

Community Health Needs Assessment Survey

The City of Milwaukee Health Department partnered and promoted the Milwaukee Health Care Partnership's Community Health Needs Assessment survey. The MHCP's survey data collection was challenged by the COVID-19 pandemic.

While a convenience sample was utilized, every effort was made to recruit participants from diverse racial, ethnic, and socio-economic populations in the Milwaukee county. [More details on the methodology are located here.](#)

MHD filtered the data to 3,536 respondents who listed residence in the City of Milwaukee. The age and race/ethnicity of the respondents was skewed towards older, White, non-Hispanic individuals. While the survey data was less representative of the City's current demographics, it still provided insight into how residents prioritized and felt about the health of their city.

Age Group	Count	Percent
18-20	16	0%
21-24	67	2%
25-34	372	11%
35-44	493	14%
45-54	443	13%
55-64	643	18%
65-74	1076	30%
75-84	270	8%
85 or older	13	0%
Prefer not to answer	55	2%
Under 18	1	0%
Missing	87	2%

Race & Ethnicity	Count	Percent of survey respondents	Percent of City Demographics
American Indian or Alaskan Native	22	1%	0.40%
Asian or Asian American	44	1%	5.2%
Black or African American	491	14%	37.8%
Hispanic/Latino/Latinx*	116	3%	20.1%
Other	373	11%	0.5%
Two or more races	108	3%	3.6%
White or Caucasian	2382	67%	32.3%

*Hispanic/Latino/Latinx was coded first, then race after

Mobilizing for Action through Planning and Partnerships

MAPP Overview

The 2022 Community Health Assessment (CHA) was guided by the Mobilizing for Action through Planning and Partnerships (MAPP) utilizing the following phases; organizing for success, partnership development, visioning, collecting and analyzing data, identifying strategic issues, formulating goals & strategies, and the action cycle.

Phase 1: Organizing for success & partnership development

The CHA was formed by internal MHD staff from Data & Evaluation, Health Strategy, and senior leadership. Additional advisement was provided by the members of the Board of Health, the MHD's Strategic Plan Committee and the Milwaukee Health Care Partnership (MHCP). Community involvement looked different this CHA due to the pandemic. Public comment was gained through workgroups, Board of Health meetings, MHD's strategic planning survey and stakeholder engagement, and the MHCP community health needs assessment.

Phase 2: The Vision, Mission and Values of MHD

The MHD worked with the community to develop an overall, shared vision of health in our community that will guide our work in the future. Staff surveys, community feedback and input from elected officials all guided a discussion on how to articulate the way we will work as a department.

The results were:

Vision:

- Living your best life, Milwaukee.

Mission:

- Advance the health and equity of Milwaukeeans through science, innovation, and leadership.

Values:

- **Innovation:** We believe in nurturing creativity and new ideas that challenge us to do our everyday work better.
- **Equity:** We acknowledge historic and current injustices in our community and strive to cultivate an environment where everyone in our community has equal opportunity to be healthy.
- **Collaboration:** We convene community members, partners, and elected officials to meet the needs of our community.
- **Courage:** We take strategic risk and bold initiative to advocate for and prioritize the needs of our community.
- **Accountability:** We act with transparency and integrity to advance the health of Milwaukee.
- **Quality:** We continuously improve and adapt to create sustainable and positive health outcomes.

Mobilizing for Action through Planning and Partnerships

MAPP Overview

Phase 3: Collecting and analyzing data – The Four Assessments

Community themes and city strengths were assessed through the MHCP community health needs assessment and the MHD strategic plan community and stakeholder surveys in 2021.

The local public health system assessment was conducted in 2022.

The community health status assessment was informed by data in the American Community Survey, US Census, WI Dept. of Health Services Environmental Public Health Tracking, Health Compass Milwaukee, and various City of Milwaukee datasets.

Phase 4: Identify strategic issues

In fall of 2022, core MHD staff and stakeholders from the Board of Health will meet to review the findings from the data collection. This work will be informed by findings from MHD's strategic planning process. After review of the findings, the core group will examine how the issues are related and prioritize the health issues to be addressed. The final list will focus on no more than 12 issues and ordered to inform sequencing and priority for working on the interventions. Using the Mobilizing for Action through Planning and Partnerships (MAPP) framework, the Community Health Assessment (CHA) is a part of MHD's broader Community Health Improvement Process that helps identify priority issues and develop strategies for community action. The findings of this CHA, alongside additional community input gathered through a Priority Topics Survey and community outreach will inform the 2023-2028 Community Health Improvement Plan, MKE Elevate. For information on the 2017-2023 MKE Elevate Plan and updates on the current planning process, see our MKE Elevate [website](#).

Phase 5: Developing goals, strategies, and an action plan

This phase of MAPP leads into the foundational planning of the Community Health Improvement Plan (CHIP). This phase will begin in late 2022. The planning and strategic goal setting will create a roadmap to address the prioritized health issues.

Phase 6: Taking and sustaining action

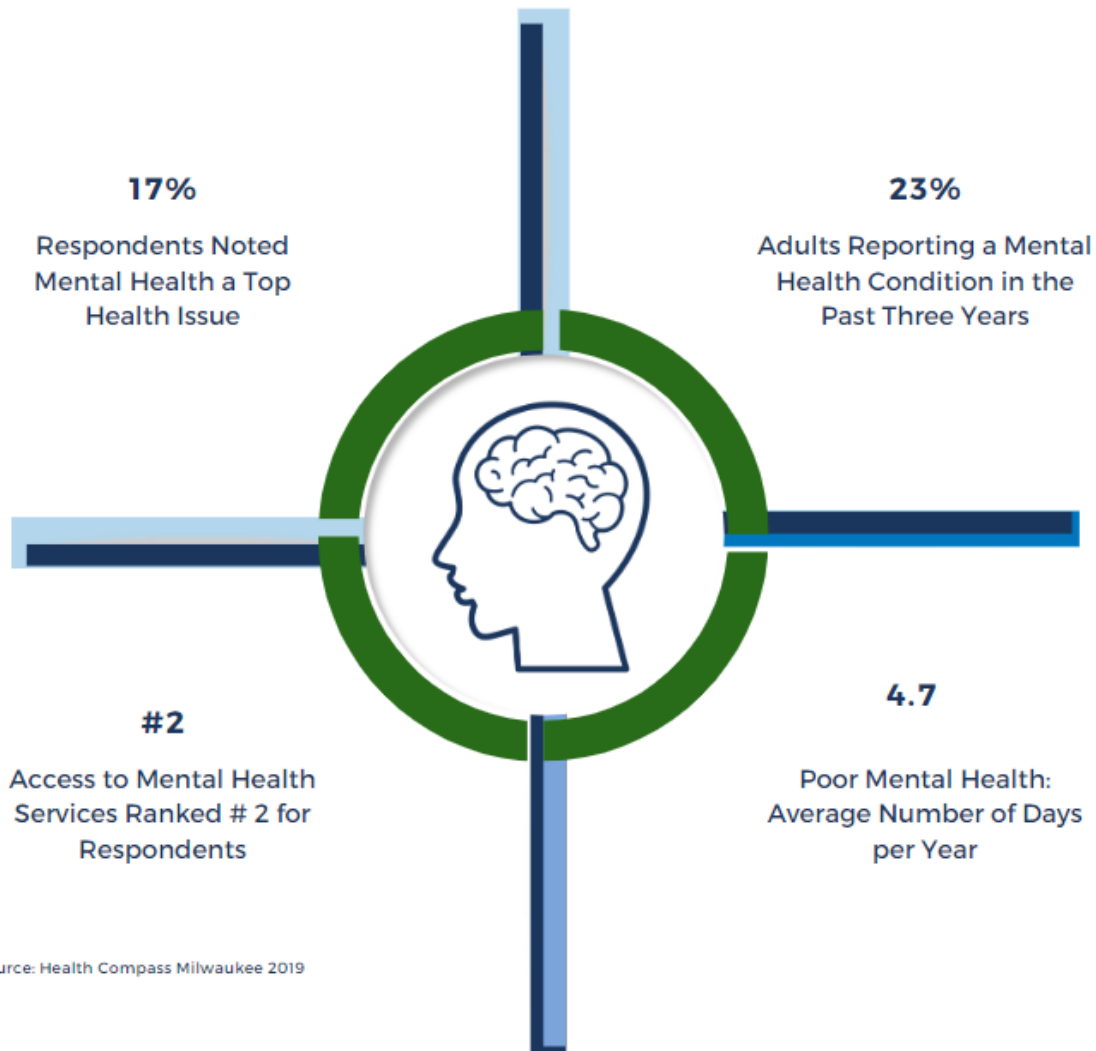
The last phase of MAPP is a cyclical process that plans, implements and evaluates the work MHD leads in improving the health of our city's residents. This will be our CHIP. Our previous CHIP, MKE Elevate, was implemented from 2017-2021. The MKE Elevate CHIP Reengagement and Evaluation report reflects the progress made in the last five years. The 2022 CHA initiates a new CHIP cycle. Please continue to follow [our website](#) for additional information on the timeline for phases 5 and 6.

Health Indicators

The Community Health Assessment health indicators are presented in the following pages. Where possible city of Milwaukee data are shown. Some measures are only collected at the Milwaukee County level. Data that was collected from the MHCP Community Health Needs Assessment are also presented alongside larger secondary datasets.

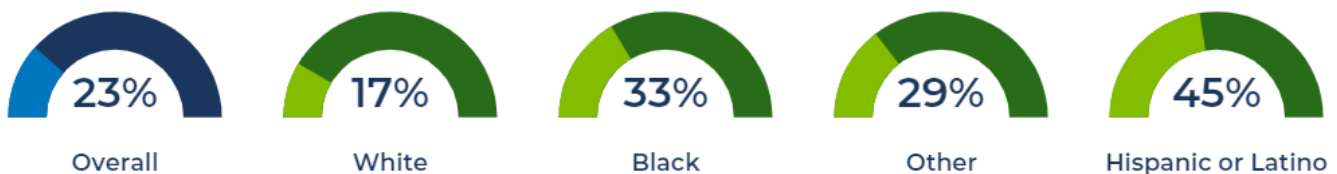
Mental Health

Mental health refers to our emotional, psychological and social well-being, and how it relates to our ability to cope with the normal stresses of life. Poor mental health (aka mental illness) manifests itself in poor quality of life, higher rates of chronic disease, and shorter lifespan.



Data Source: Health Compass Milwaukee 2019

Percentage of Adults with a Mental Health Condition in Milwaukee County

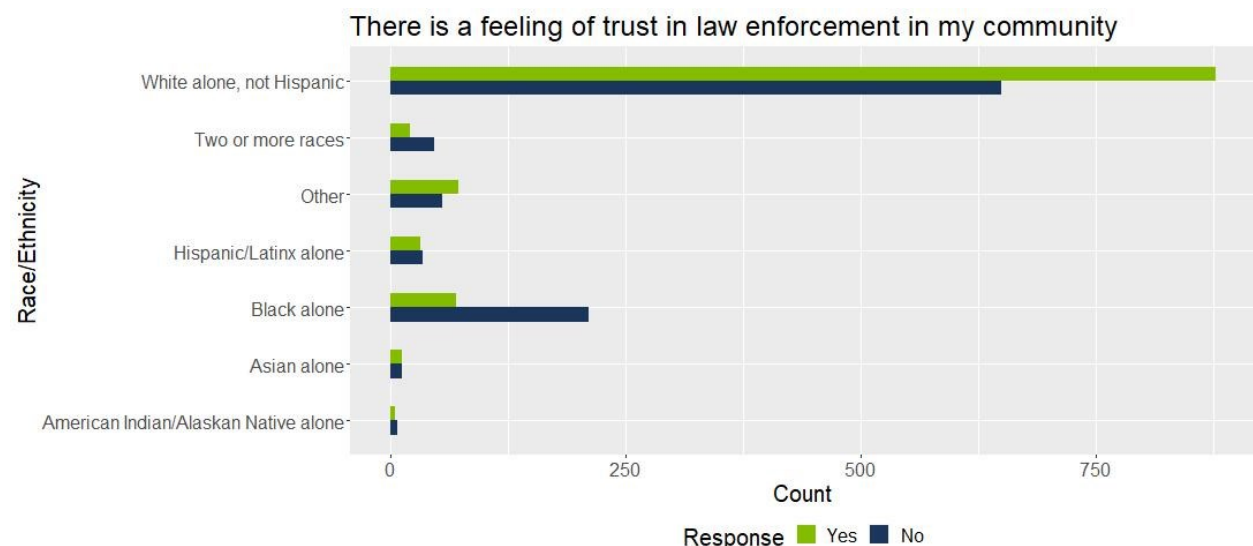
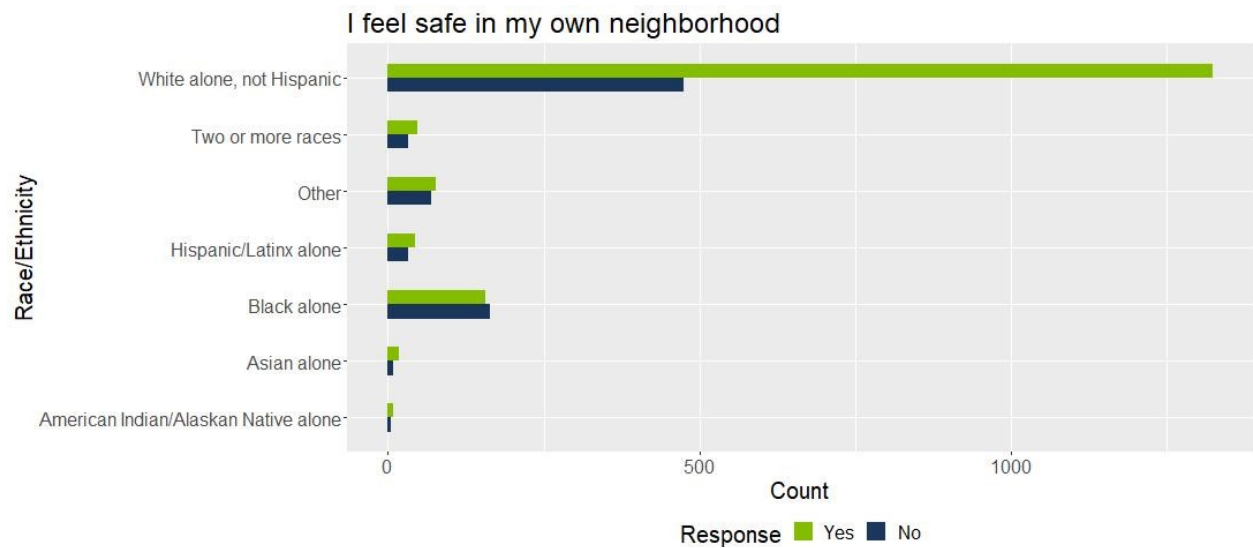
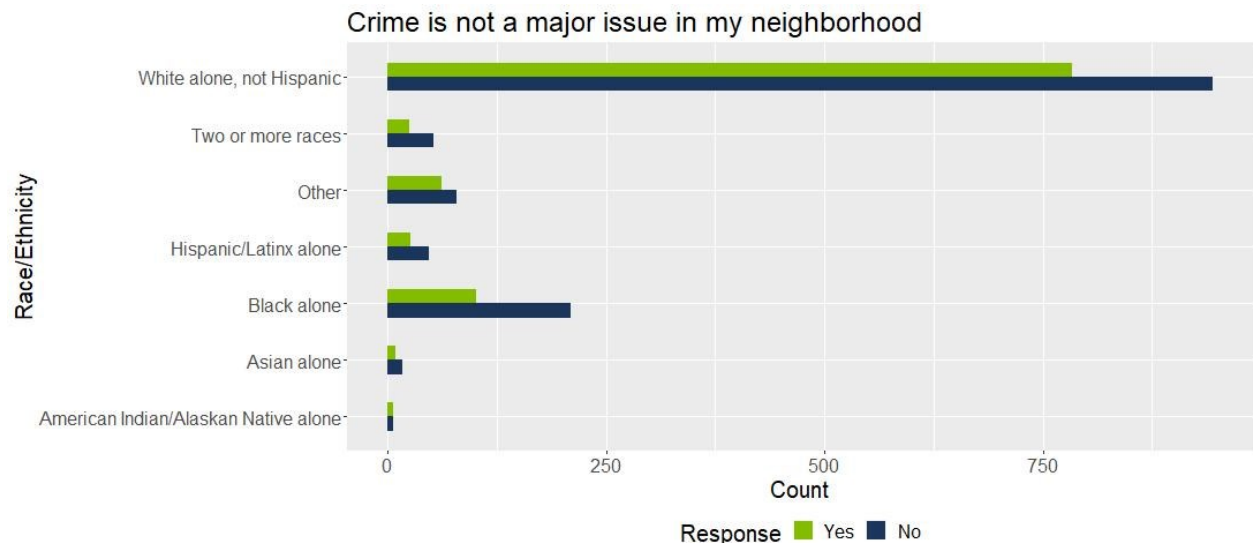


49%
of 18-24 year-olds have a
mental health condition in
Milwaukee County

Data Source: American Community Survey 2018

Public Safety

Public Safety affects both physical and psychological well-being. Lack of safety or a perception of lack of safety instills anxiety and deters people from engaging in healthy behaviors such as exercise, outdoor play and community building experiences.



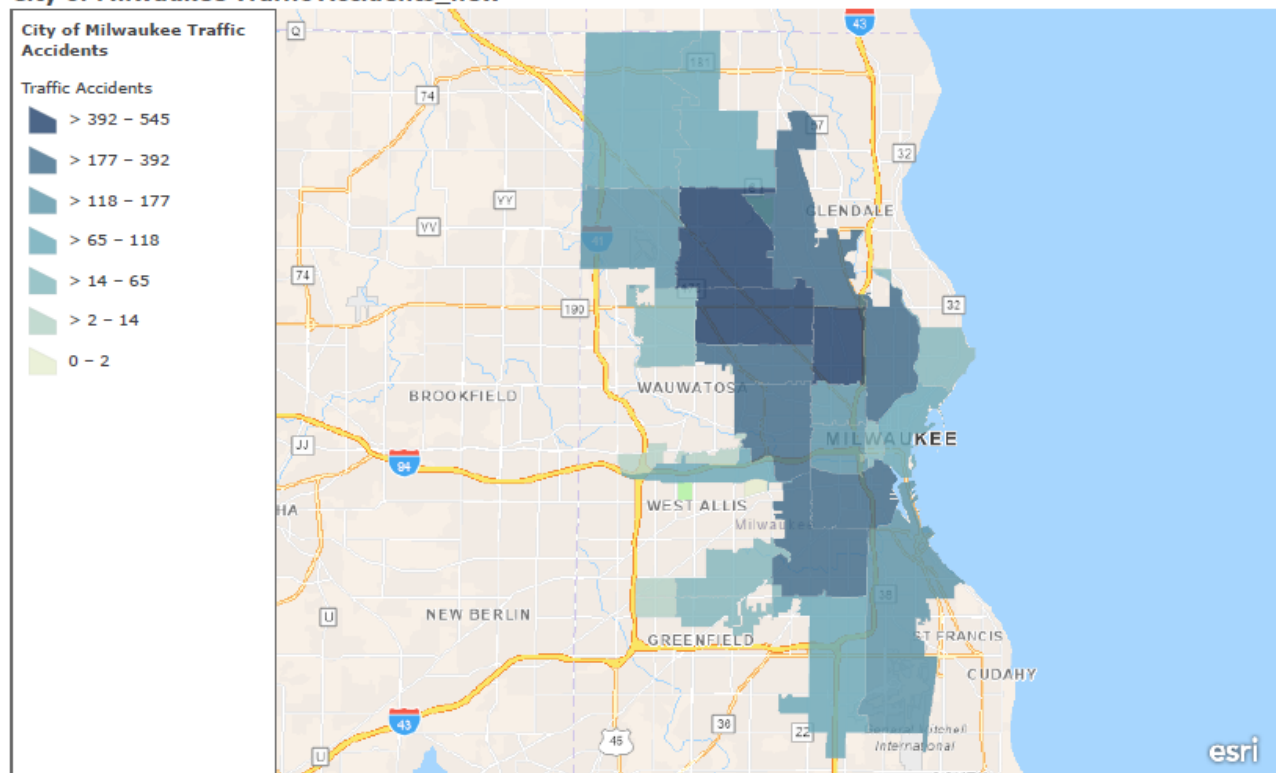
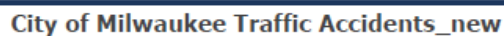
Public Safety

Continued

Accidents (By Injury Severity)

	INCIDENTS		PERSONS	
INJURY SEVERITY	2021	2022	2021	2022
Fatal Injury	62	37	67	38
Incapacitating Injury	308	183	355	209
Non-Incapacitating Injury	1,636	853	2,084	1,103
Possible Injury	2,427	1,275	3,388	1,723
Not Specified	53	128	0	0
No Apparent Injury	16,718	9,036	35,214	18,829

DATA SOURCE: MILWAUKEE POLICE DEPARTMENT: TRAFFIC SAFETY UNIT



Public Safety

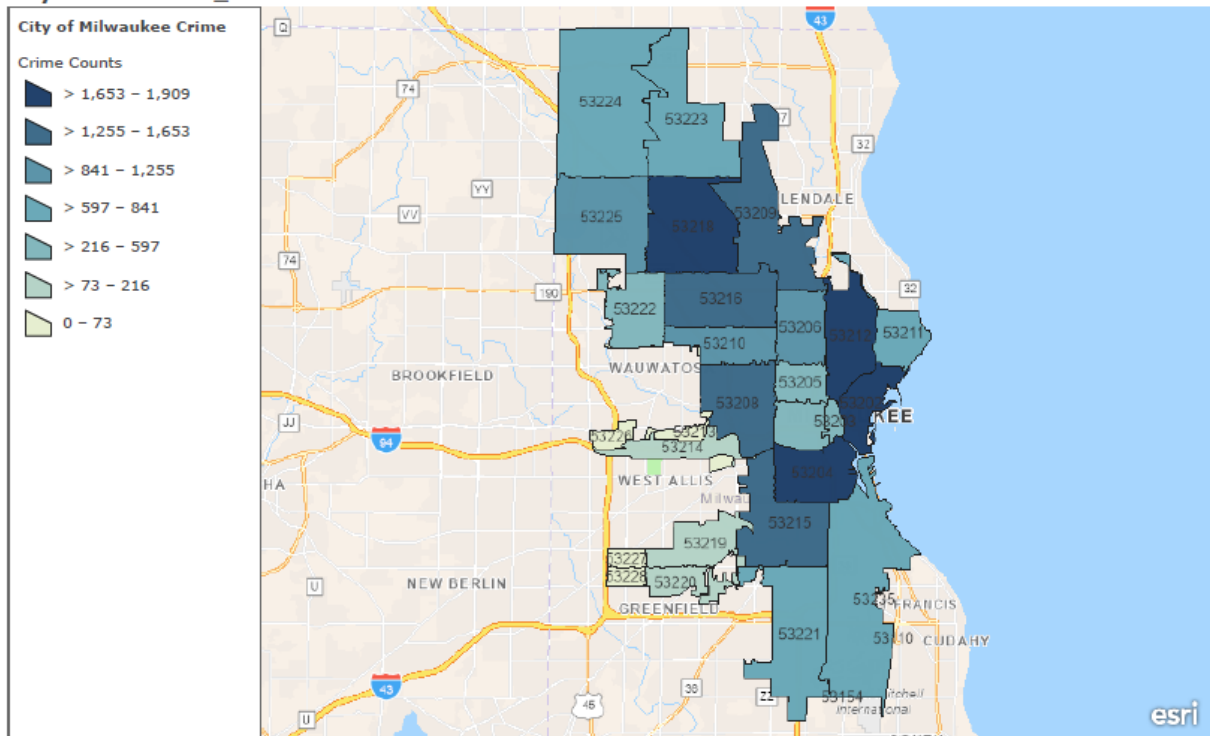
Continued

Crimes (By Offense)

Incidents	Year		Incidents	Year	
	2020	2021		2020	2021
Homicide	190	193	Motor Vehicle Theft	4,508	10,476
Rape	491	505	Arson	288	245
Robbery	2,085	2,080	Human Trafficking	30	12
Aggravated Assault	7,237	7,515	Car Jacking	375	372
Burglary	3,462	2,830	Non- Fatal Shooting	764	873
Theft	8,549	10,476	Total	26,616	33,656

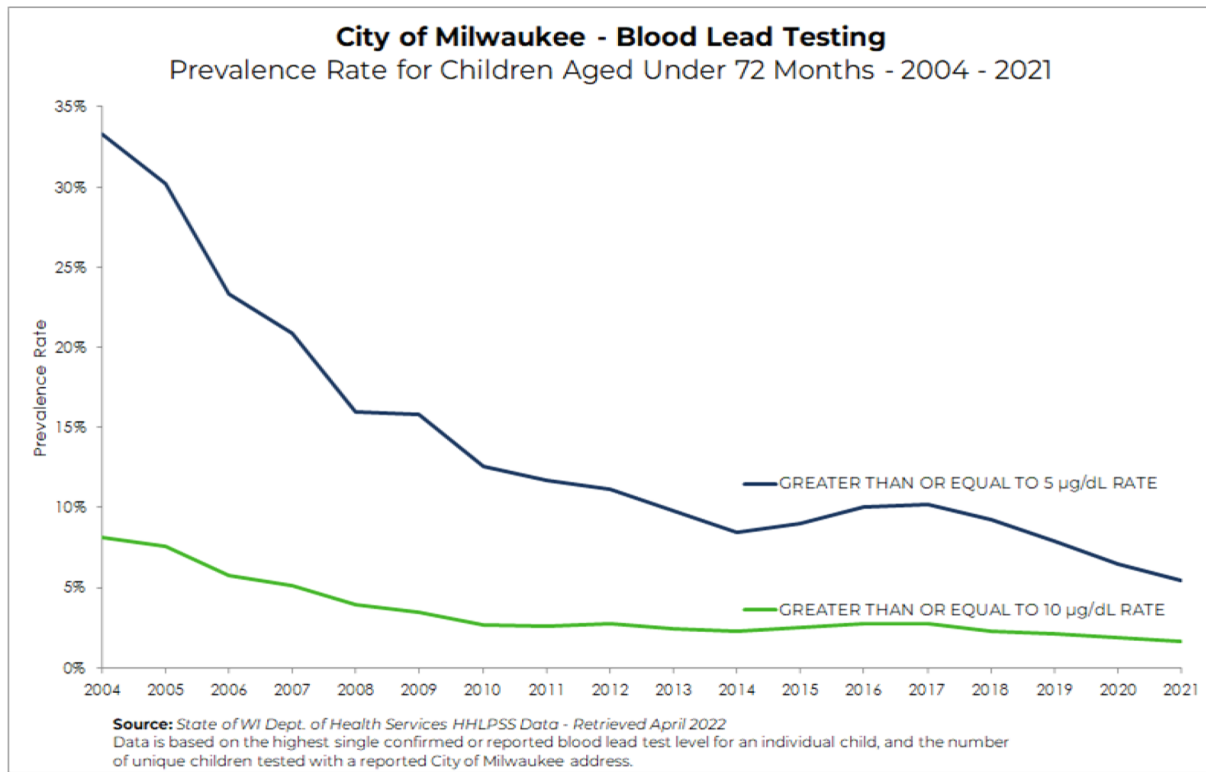
DATA SOURCE: MILWAUKEE POLICE DEPARTMENT

City of Milwaukee_Crime

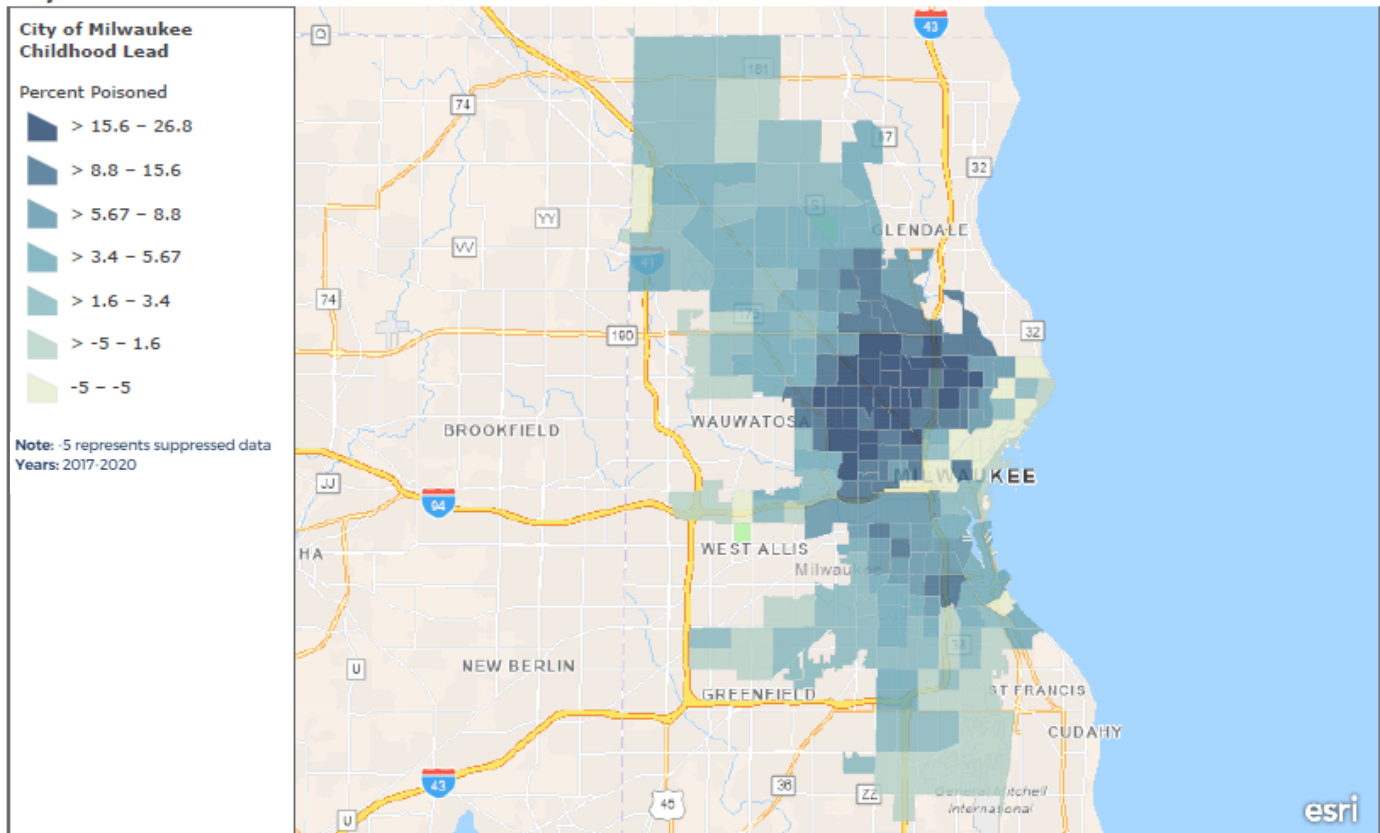


Built Environment: Lead Poisoning

The quality of our home environment can either promote good health or contribute to health issues such as chronic diseases and injuries, and have negative impacts on childhood development, especially in homes built before 1978.



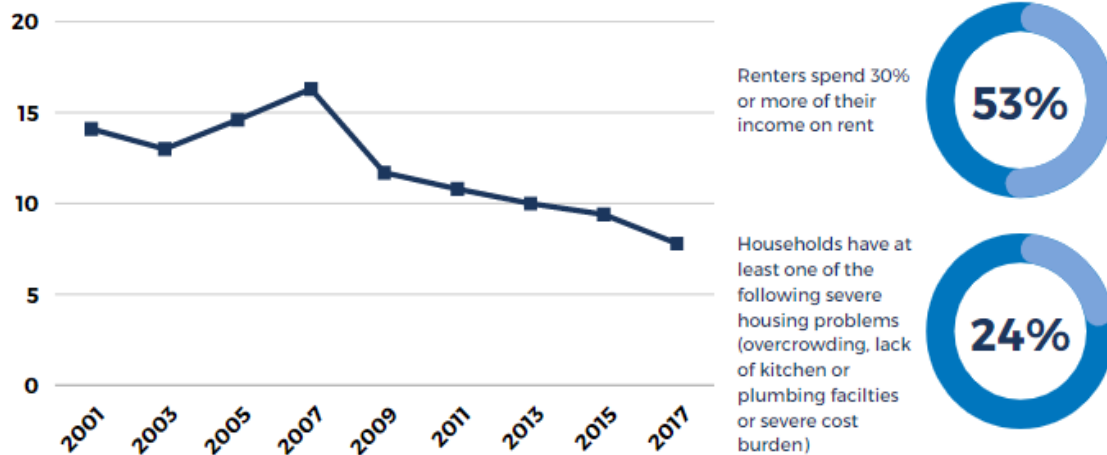
City of Milwaukee Childhood Lead Percent Poisoned



Built Environment: Housing

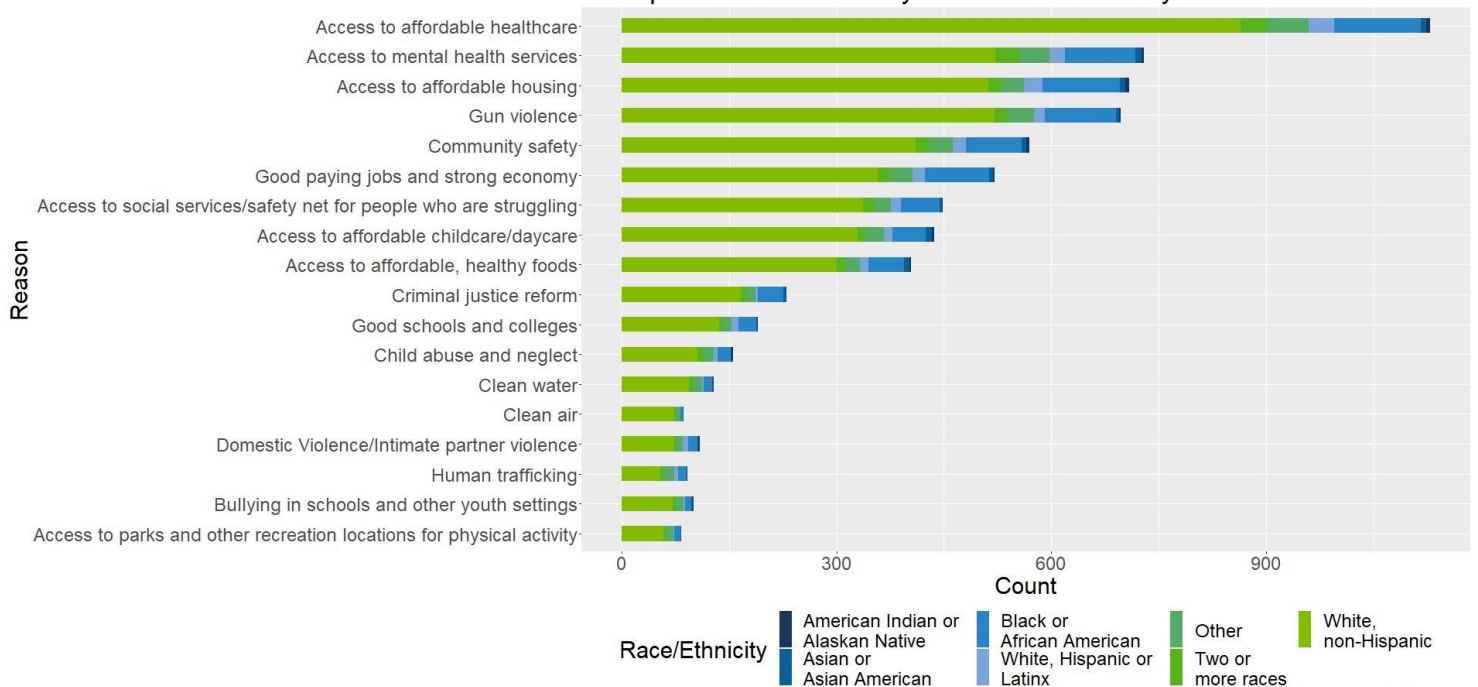
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Air Quality - Historical Air Quality - PM2.5: Annual Average Concentration (Monitor + Modeled Data)



Data Source: Wisconsin Environmental Public Health Tracking Program (DHS)

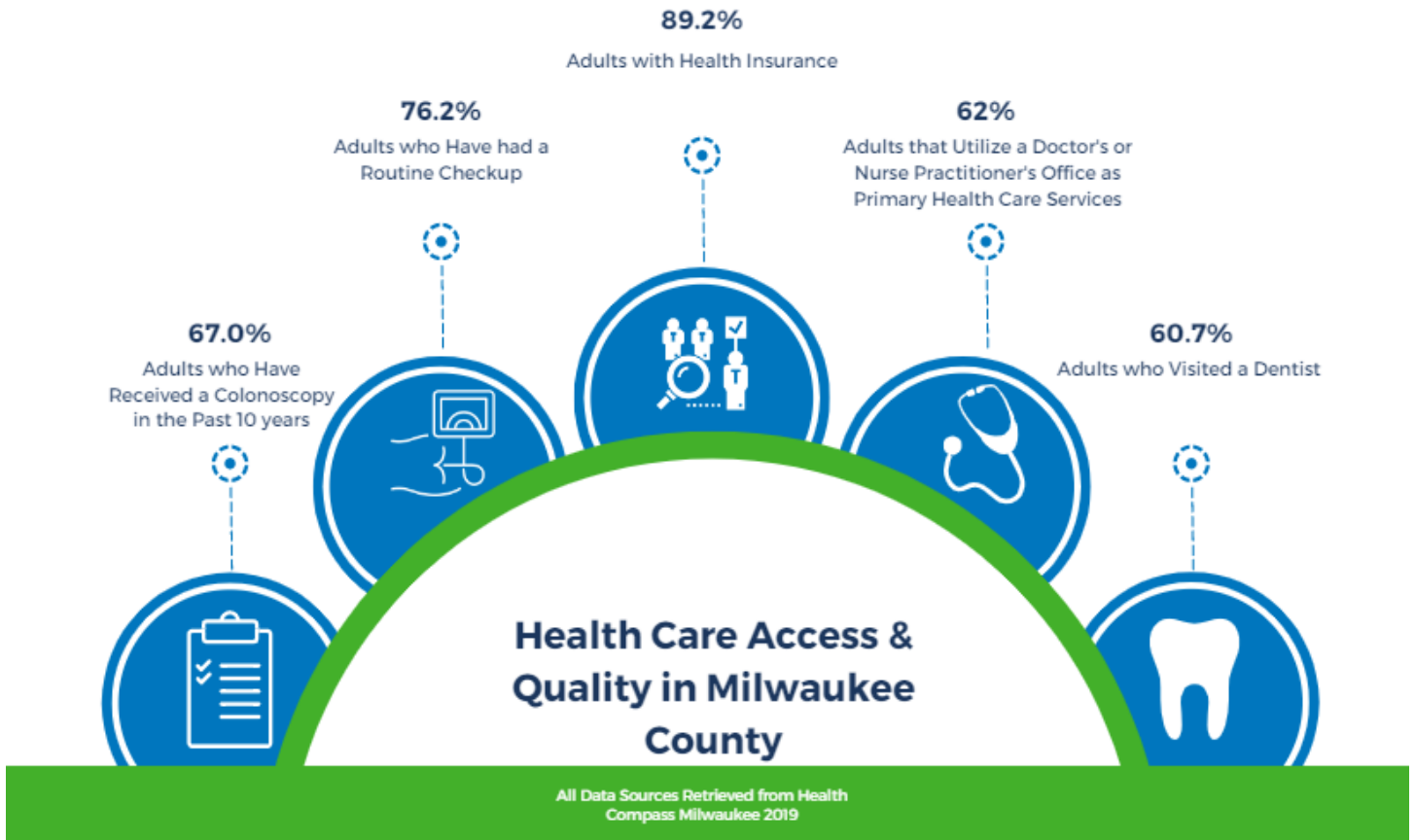
Most important community needs that have to be addressed to improve health for everyone in the community



Data source: MCHP 2021 CHNA survey

Health Services

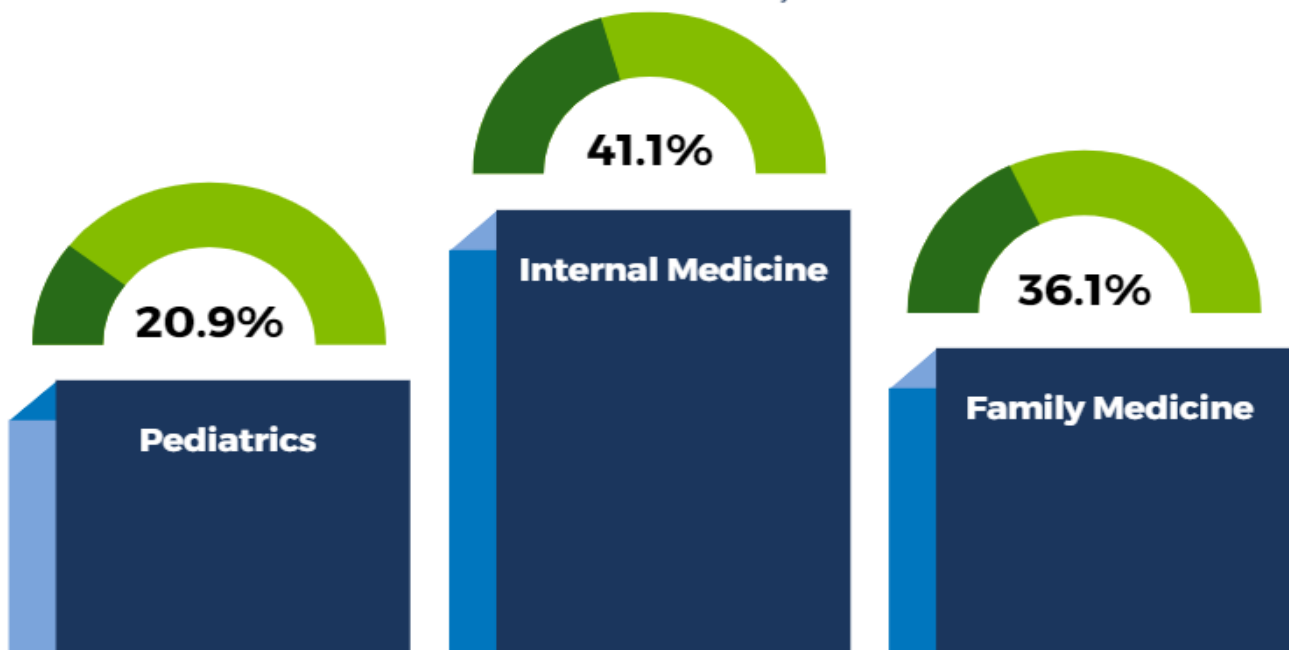
Many people face barriers that prevent or limit access to needed health care services, which may increase the risk of poor health outcomes and health disparities. Lack of insurance, poor access to transportation, and limited health care resources all affect healthcare, especially for vulnerable populations.



Primary Care Physicians by Specialty

Physician's Coverage of Total Population in Milwaukee County

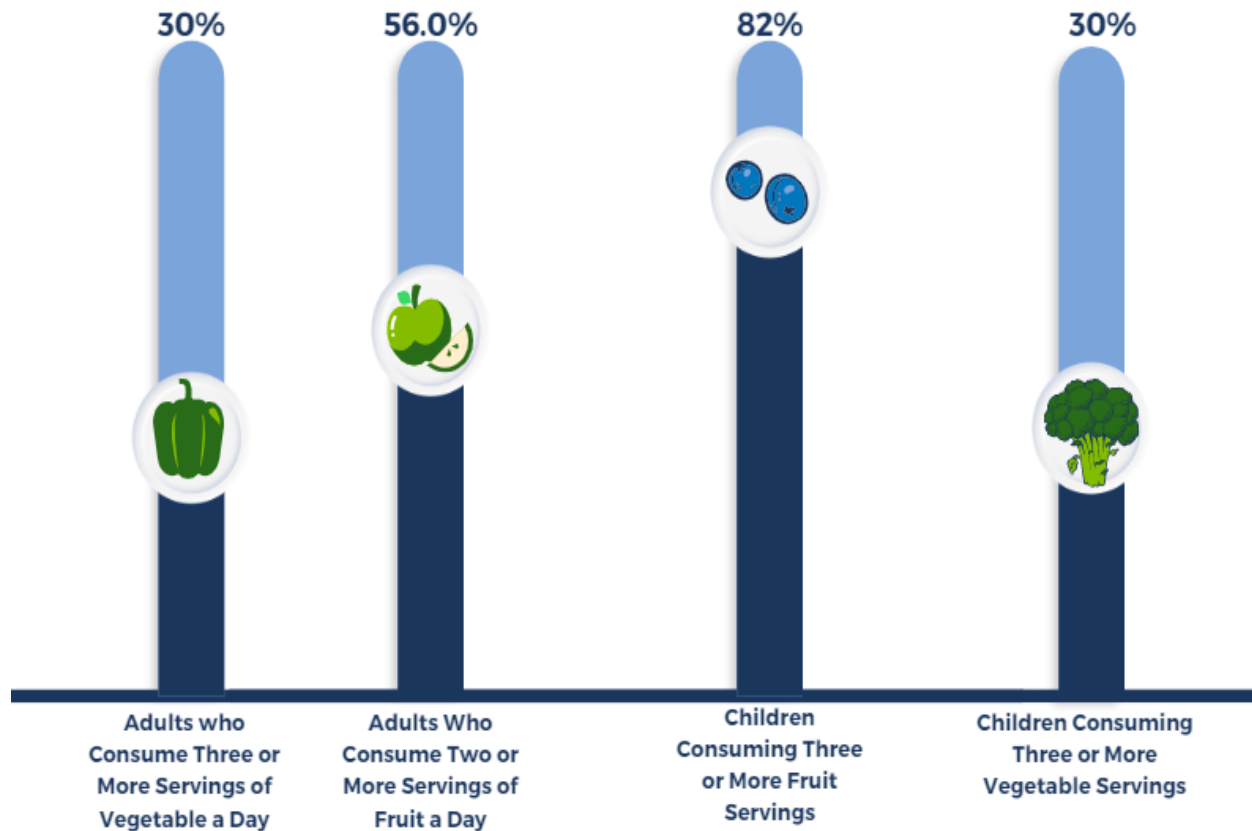
Data Source: Area Health Education Center System 2019



Nutrition

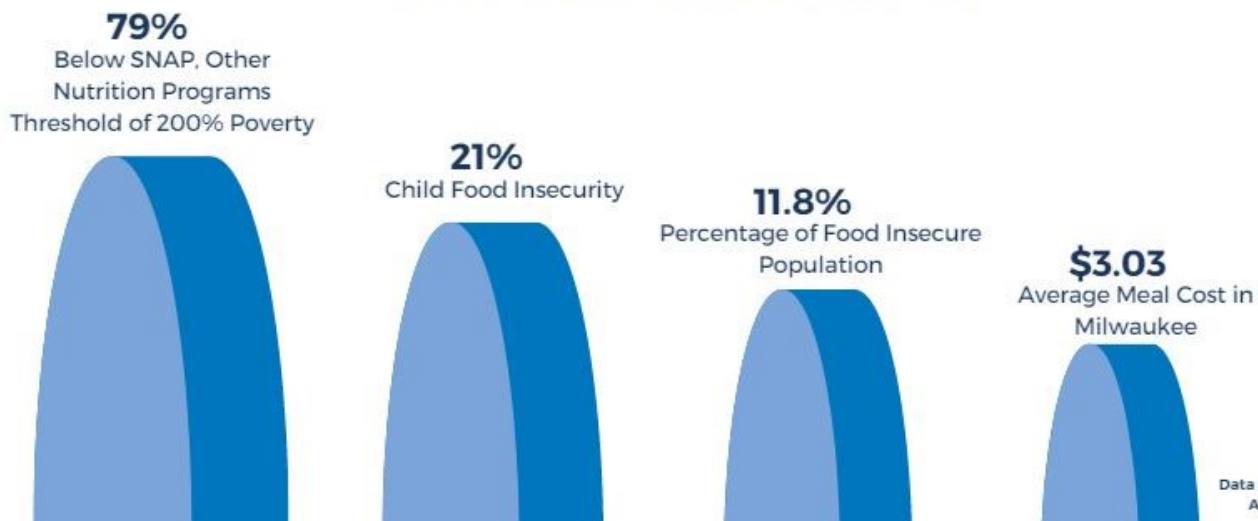
Adequate nutritional intake correlates with good health outcomes and is especially important to children's growth and development. Access to healthy food & a healthy diet can influence a person's ability to learn, & work.

Healthy Eating in Milwaukee County



Data Source: Community Health Survey 2018

111,910 Individuals Living In Milwaukee County Experience Food Insecurity

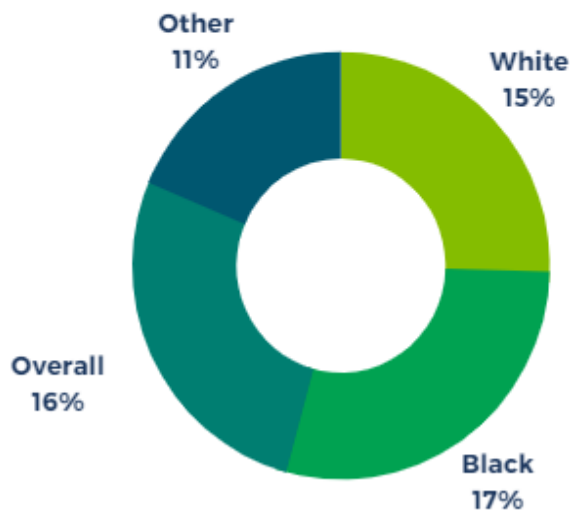


Data Source: Feeding America 2021

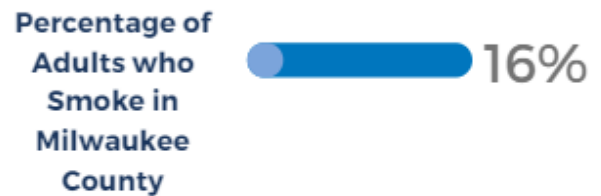
Substance Misuse

Substance misuse is the harmful use of chemicals including psychoactive drugs, alcohol and prescription medications. Substance misuse can lead to dependence syndrome and social decline.

Smoking by Race in Milwaukee County:



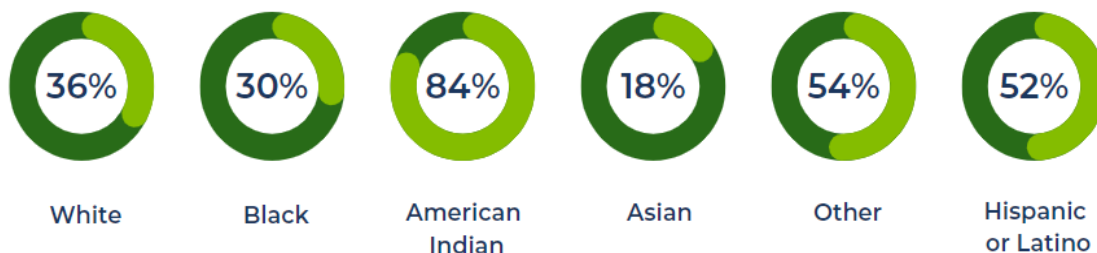
Data Source: Community Health Survey 2018



Smoking causes **cancer, heart disease, stroke, lung diseases, diabetes, emphysema and chronic bronchitis**. Smoking also increases risk for tuberculosis, certain eye diseases, and problems of the immune system, including rheumatoid arthritis.



Percentage of Adults Who Binge Drink in Milwaukee County:



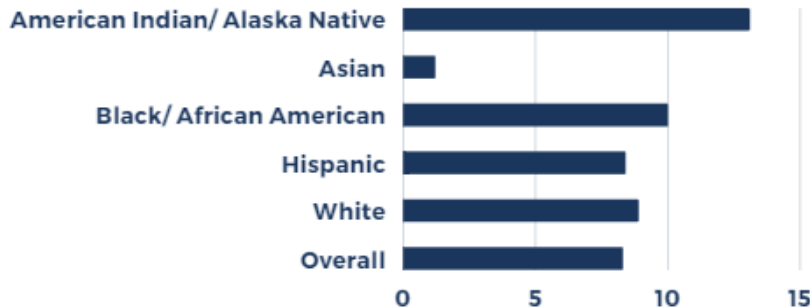
Data Source: BRFSS 2020

Substance Misuse

Continued

Opioid Crisis in Milwaukee County:

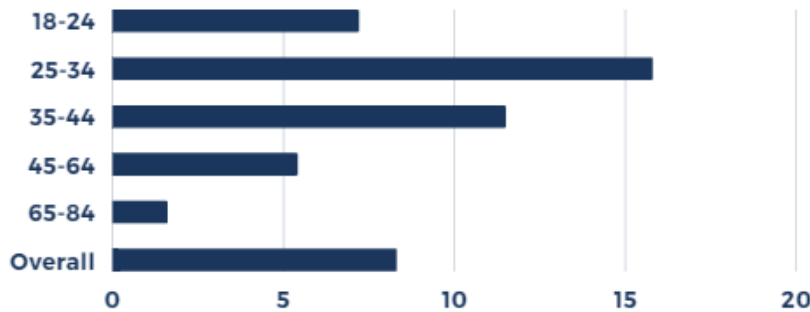
ER Rate due to Opioid Use by Race/Ethnicity (2019-2021)



In 2020 in Milwaukee County, there was a count of 424 deaths opioid-related deaths



ER Rate due to Opioid Use by Age (2019-2021)



ER visits per 10,000 population 18+ years



Data Source: Centers for Disease Control and Prevention

Age- Adjusted Death Rate to All Drug Overdose in Milwaukee County



Deaths per 100,000 population

Data Source: Wisconsin Department of Health Services

Chronic Disease

Illness and chronic conditions, or morbidity, is a term used to describe the unhealthy state of an individual as a result of illness, disease or injury or disability. Examples are cancer, high blood pressure, high cholesterol, , heart disease and obesity.

Heart Health in Milwaukee County



Adults who Experienced a Stroke in 2019

All Data Source Above: Health Compass Milwaukee

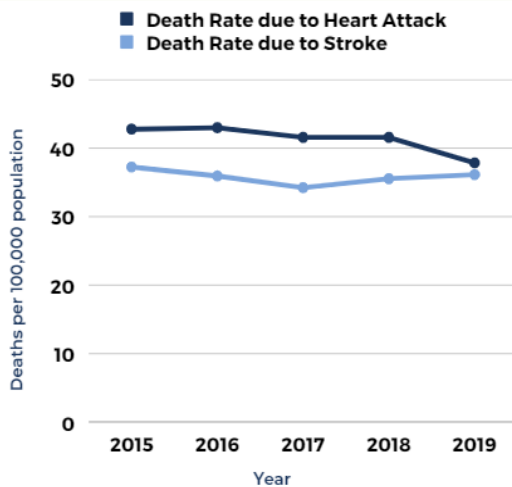


Adults who Experienced High Blood Cholesterol in 2018

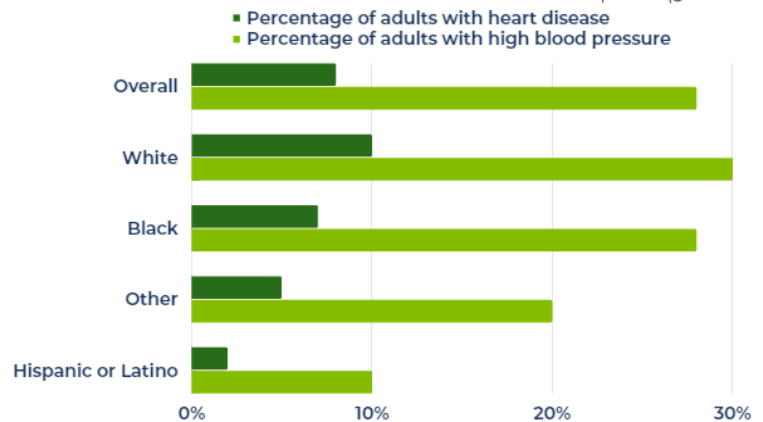


Adults who Experienced Coronary Artery Disease in 2019

Heart Disease is the **leading cause of death in the United States**. The most common type of heart disease is coronary artery disease (CAD). This can lead to a heart attack. You can greatly reduce your risk for heart disease through lifestyle changes and in some cases, medicine.

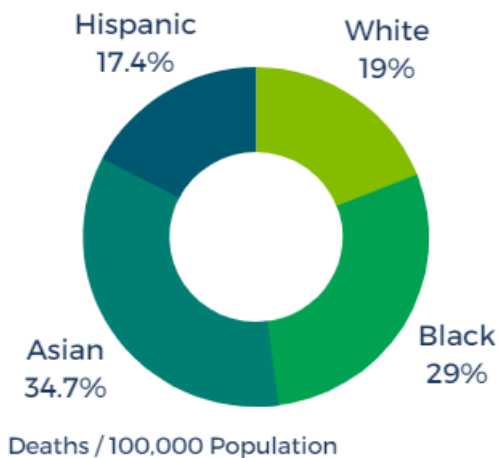


Data Source: CDC 2019



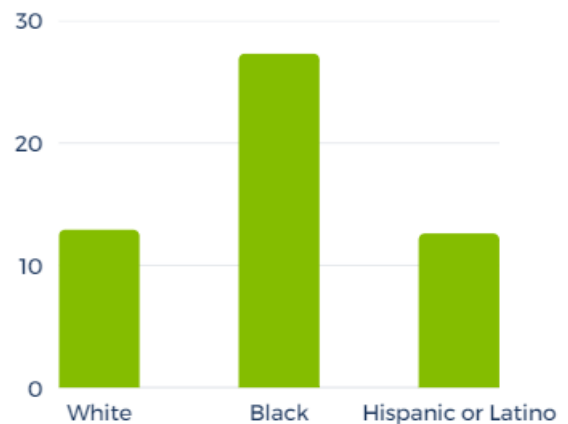
Data Source: Community Health Survey 2018

Age-Adjusted Death Rate Due to Stroke



Data Source: WI DHS 2018-2020

Age-Adjusted Death Rate Due to Kidney Disease



Data Source: CDC 2021

Chronic Disease

Continued

Other Conditions in Milwaukee County:



Adults Living with
Arthritis (2019)



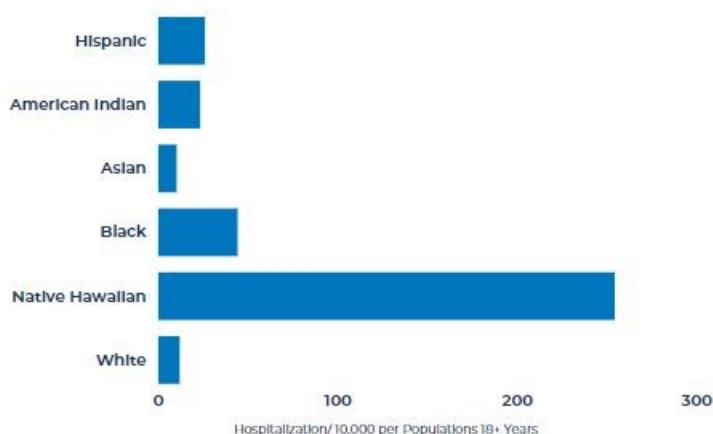
Adults Living with
Asthma (2018)



Adults Living with
Diabetes (2018-2020)

All Data Source Above: Health Compass Milwaukee

Age- Adjusted Hospitalization Rate due to Type 2 Diabetes by Race and Ethnicity (2019-2021)



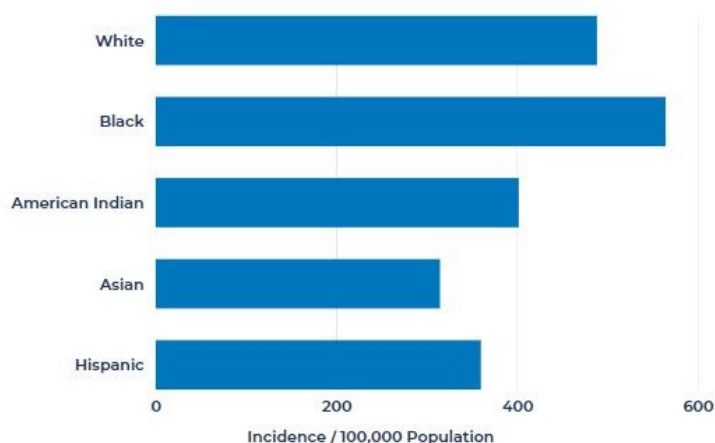
Data Source: WHA Information Center

Rate Ratios for Adults with Diabetes in Milwaukee County

The rate among <u>Black</u> people is	1.67	times the rate among White people
The rate among <u>American Indian</u> people is	0.44	times the rate among White people
The rate among <u>Asian</u> people is	0.22	times the rate among White people
The rate among people of <u>some other</u> <u>race</u> is	1.33	times the rate among White people
The rate among <u>Hispanic/Latino</u> people is	1.67	times the rate among Non-Hispanic people

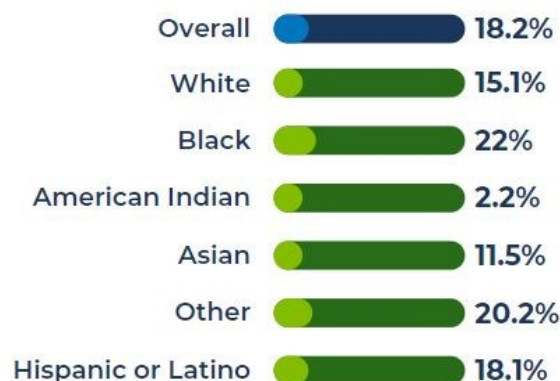
Data Source: BRFSS 2016-2018

All Cancer Incident Rate by Race and Ethnicity in Milwaukee County



Data Source: National Cancer Institute 2014-2018

Percentage of Adults with Asthma in Milwaukee County

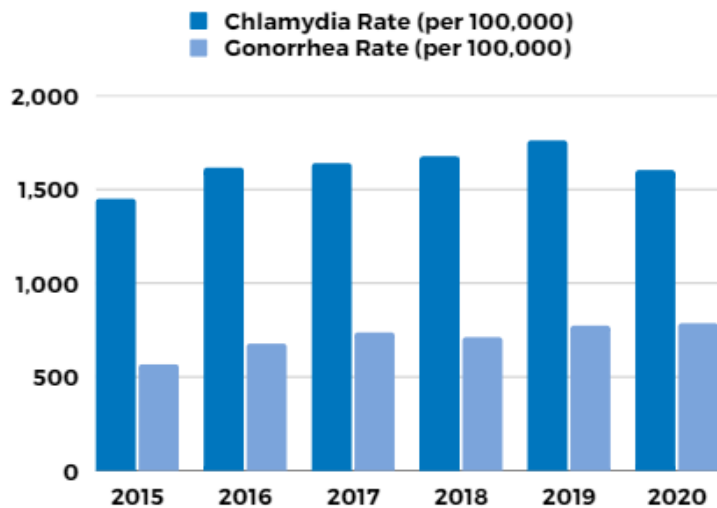


Data Source: WI DHS 2014-2016

Sexually Transmitted Infections

Sexually transmitted diseases can cause serious long term health problems and are assumed to be the underlying cause of infertility in thousands of women each year. Education and reproductive health care are essential to maintain sexual health, prevent unintended pregnancy and sexually transmitted infections.

Chlamydia and Gonorrhea Summary in the City of Milwaukee:



Data Source: Wisconsin Electronic Disease Surveillance System (WEDSS) accessed on September 30, 2021

% of Chlamydia Cases Identified as Females



% of Gonorrhea Cases Identified as Males



% of Gonorrhea Cases Identified as African American or Black

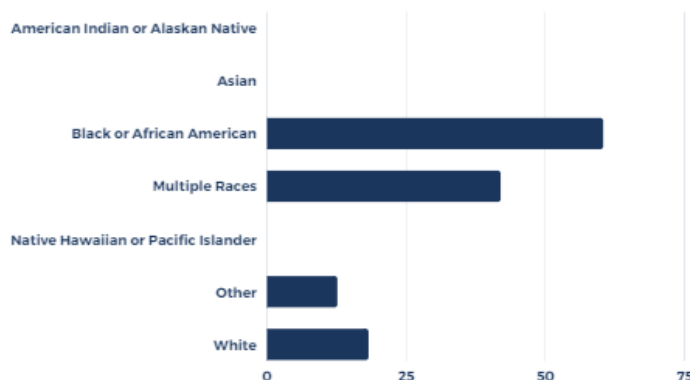


Findings:

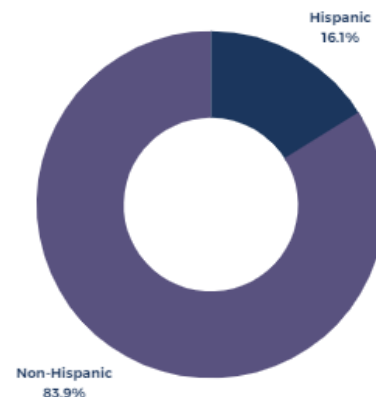
Males had the highest rate of gonorrhea (425.9 per 100,000), HIV (24.8 per 100,000), while females had the highest rate of chlamydia (1050.4 per 100,000)

In 2020, 4,546 confirmed cases of gonorrhea were reported in the City of Milwaukee. This is an increase compared to the 2015-2019 five year average

Antibiotic- Resistant Gonorrhea Rates per 100,000 in the City of Milwaukee by Race in 2020:



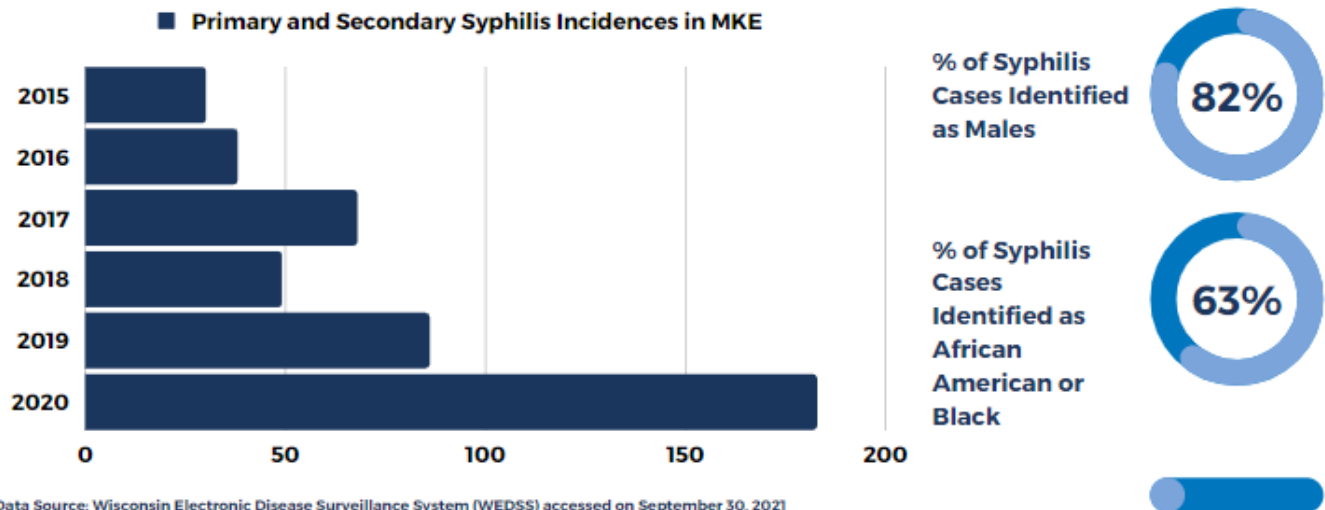
Antibiotic- Resistant Gonorrhea Rates per 100,000 in the City of Milwaukee by Ethnicity in 2020:



Sexually Transmitted Infections

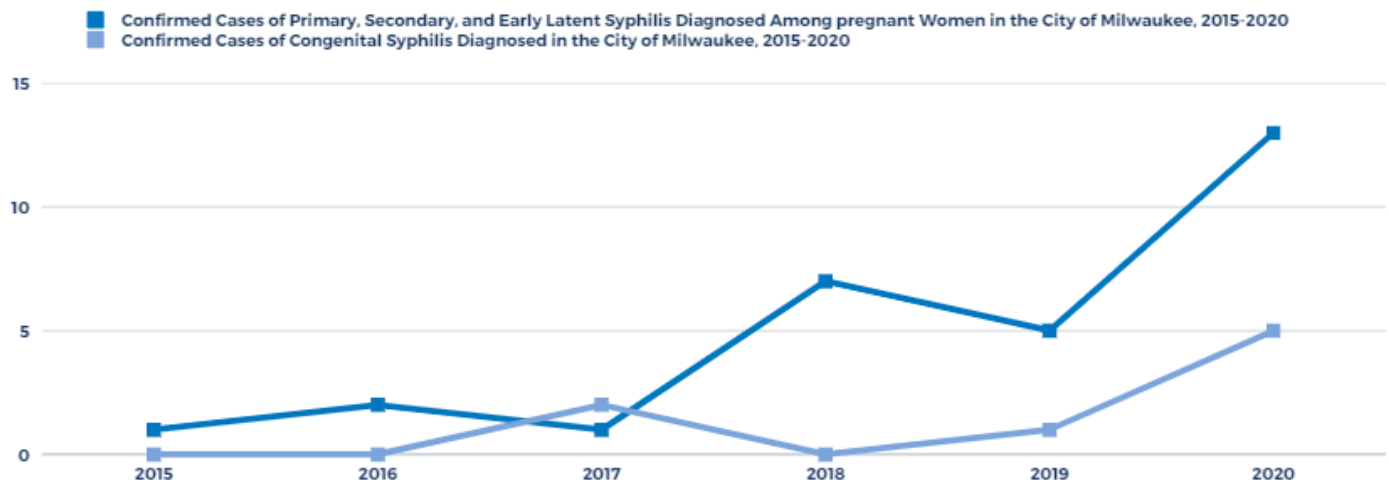
Continued

Syphilis Summary:



Findings:

In 2020, 183 confirmed Primary and Secondary Syphilis cases were reported in the City of Milwaukee. This is greater than the 86 cases reported in 2019, and represents a 240.2% increase compared to the 2015-2019 five year average of 53.8 cases per year

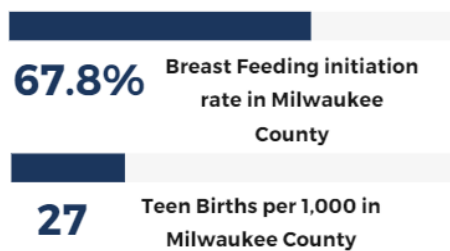


Data Source: Wisconsin Electronic Disease Surveillance System via PHAVR accessed on July 1st, 2021

Maternal and Child Health

An environment which supports the needs of the mother increases the chances of healthy birth outcomes, early identification of any health conditions and ultimately increases the chances for opportunities that will enable children to reach their full potential.

Indicator	City (in 2020)	County (in 2020)
Birth Rate by C-Section	25.37%	25.58%
Percent of Premature Births	13.60%	12.30%
Percent Low Birthweight (<2,500 grams)	13.20%	11.60%
Percent Who Received First-Trimester Prenatal Care	63.80%	68.40%



Data Source: Health Compass Milwaukee 2020

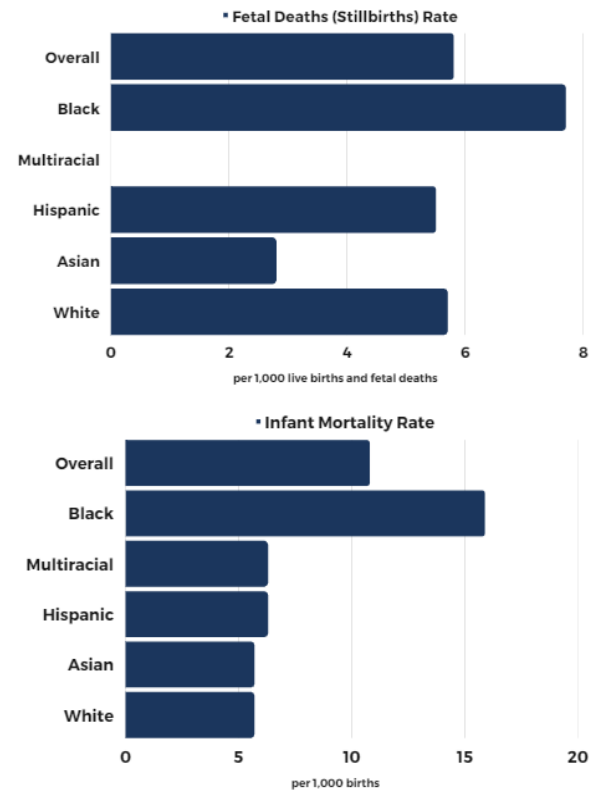


Figure 8. Black and Hispanic /White Infant Mortality Disparity Ratios, City of Milwaukee 1995 to 2018

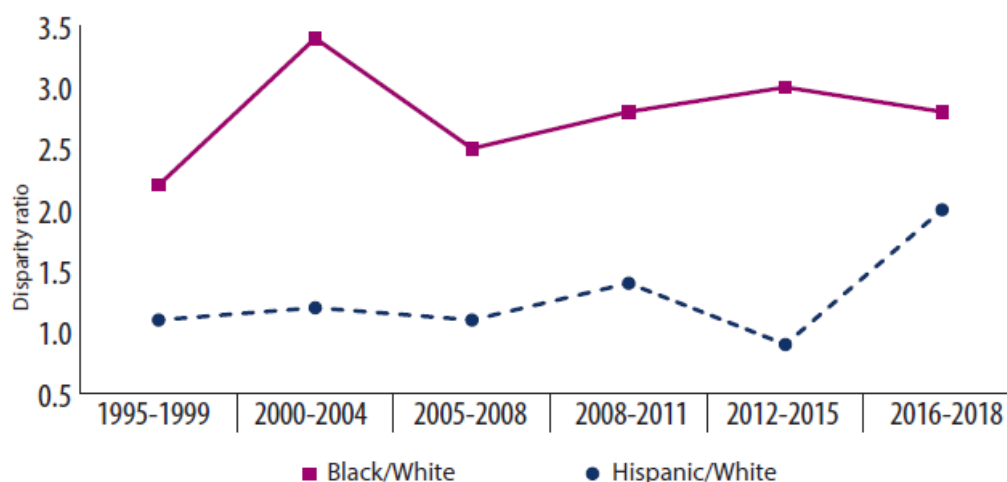
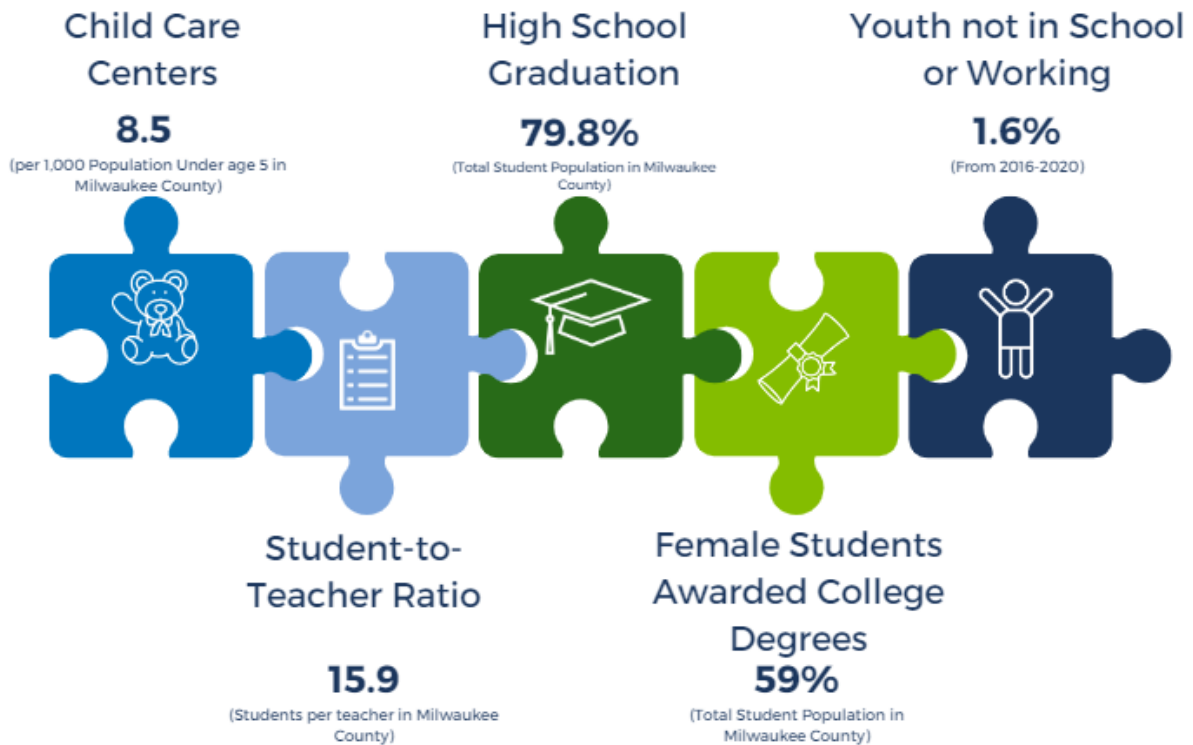


Figure 8 shows the disparity ratios in infant mortality for Black and Hispanic compared to white infants. Overall, the disparities are widest among Black compared to white infants, ranging from about 2 times to 3 times greater.

Data Source: FIMR Report 2021

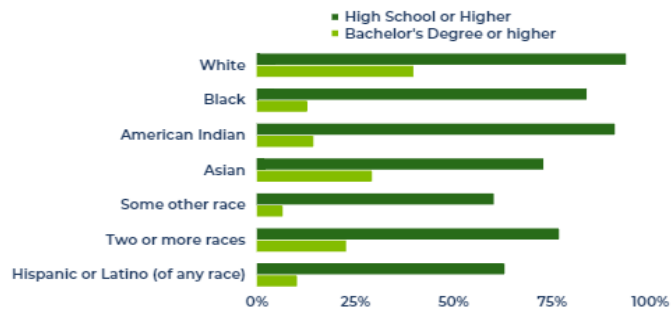
Education

Higher educational attainment leads to an increased likelihood of higher wages which can impact an individual's health such as where to live, what food to buy and when to get healthcare services.



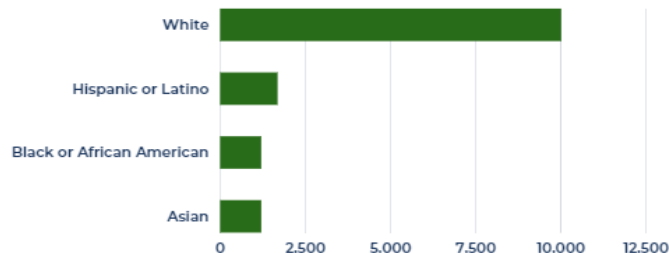
All Data Sources on this Page from American Community Survey 2019

Educational Attainment by Race and Ethnicity in Milwaukee County:



Data Source: American Community Survey 2020

In 2020 the Most Common Race/ Ethnicity Group Awarded a College Degree at Institutions in Milwaukee, WI:



Data Source: Integrated Postsecondary Education Data System (IPEDS) Completions

Community / Social Environment

Households with an Internet Subscription (2016-2020)



Households with One or More Types of Computing Devices (2016-2020)



People 65+ Living Alone (2016-2020)



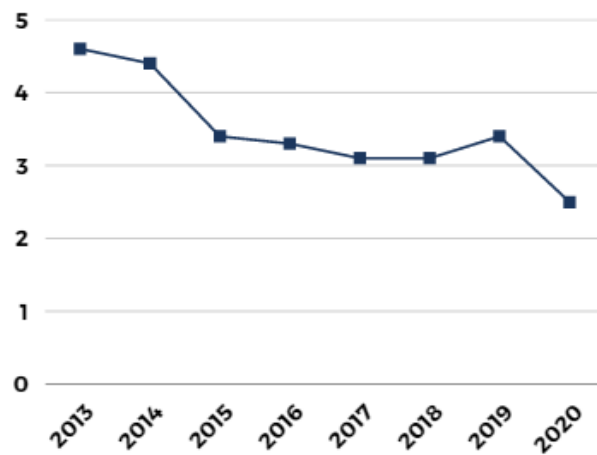
Single- Parent Households (2016-2020)



Social Associations (2016-2020)



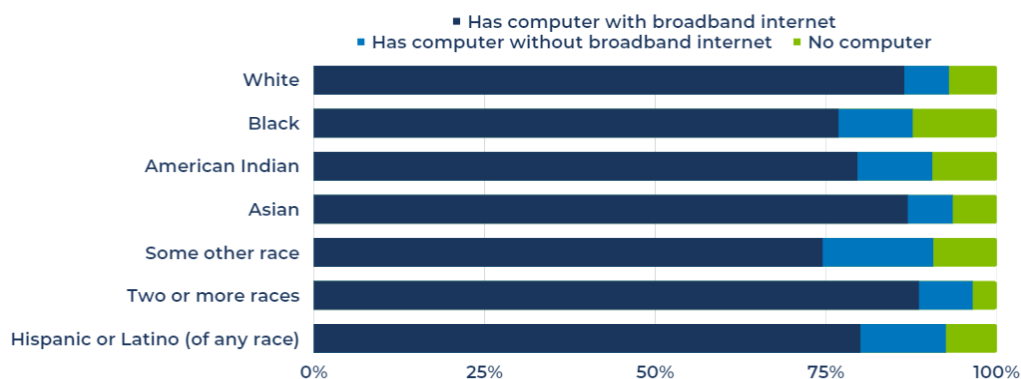
Substantiated Child Abuse Rate:



Data Source: Wisconsin Department of Children and Families

All Data Source: Health Compass Milwaukee

Household Computer and Internet Access in the City of Milwaukee:

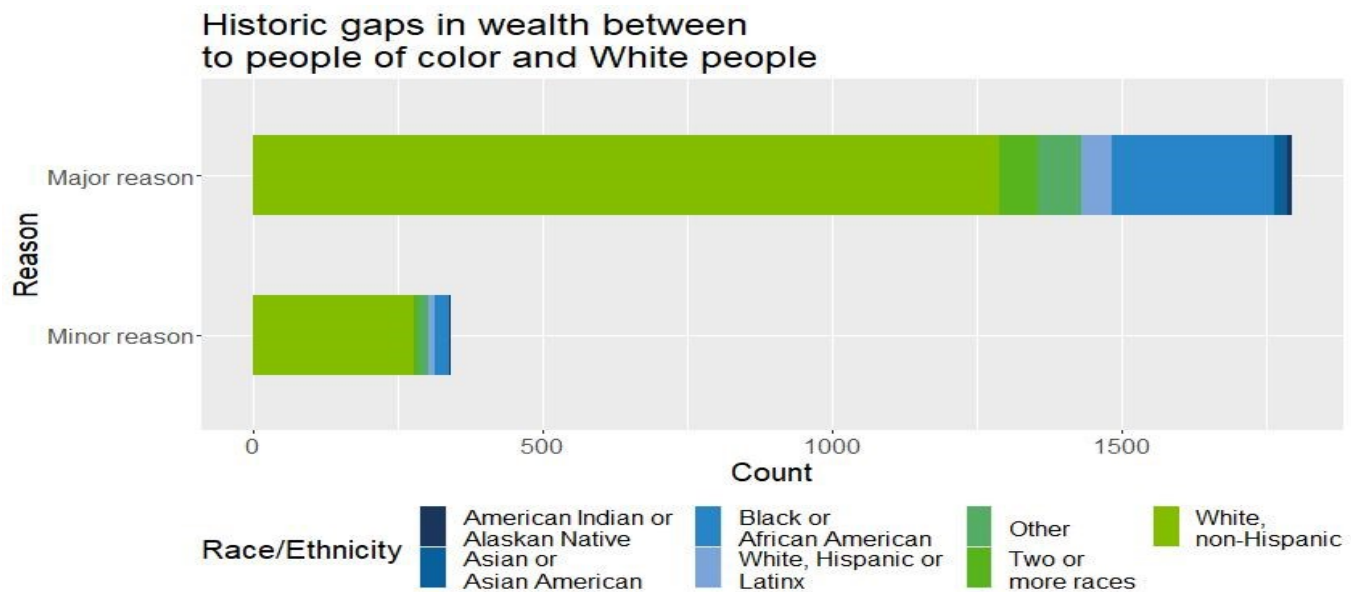
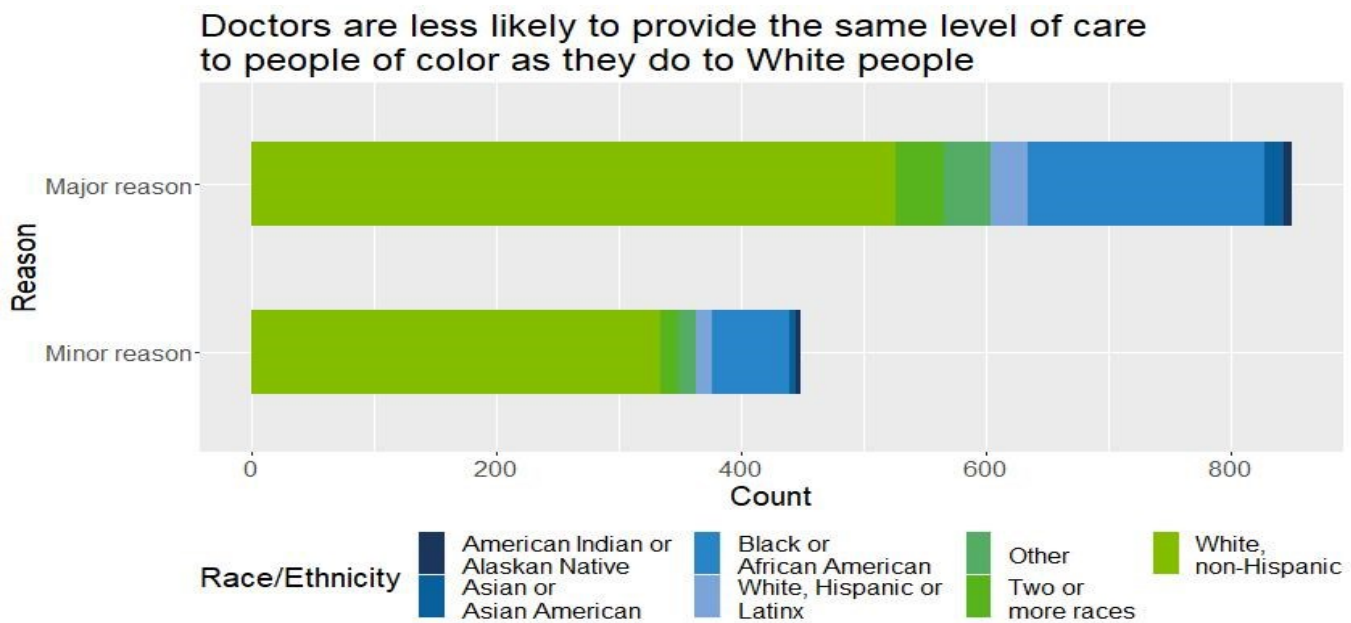


Source: American Community Survey 2020

Racism and Discrimination

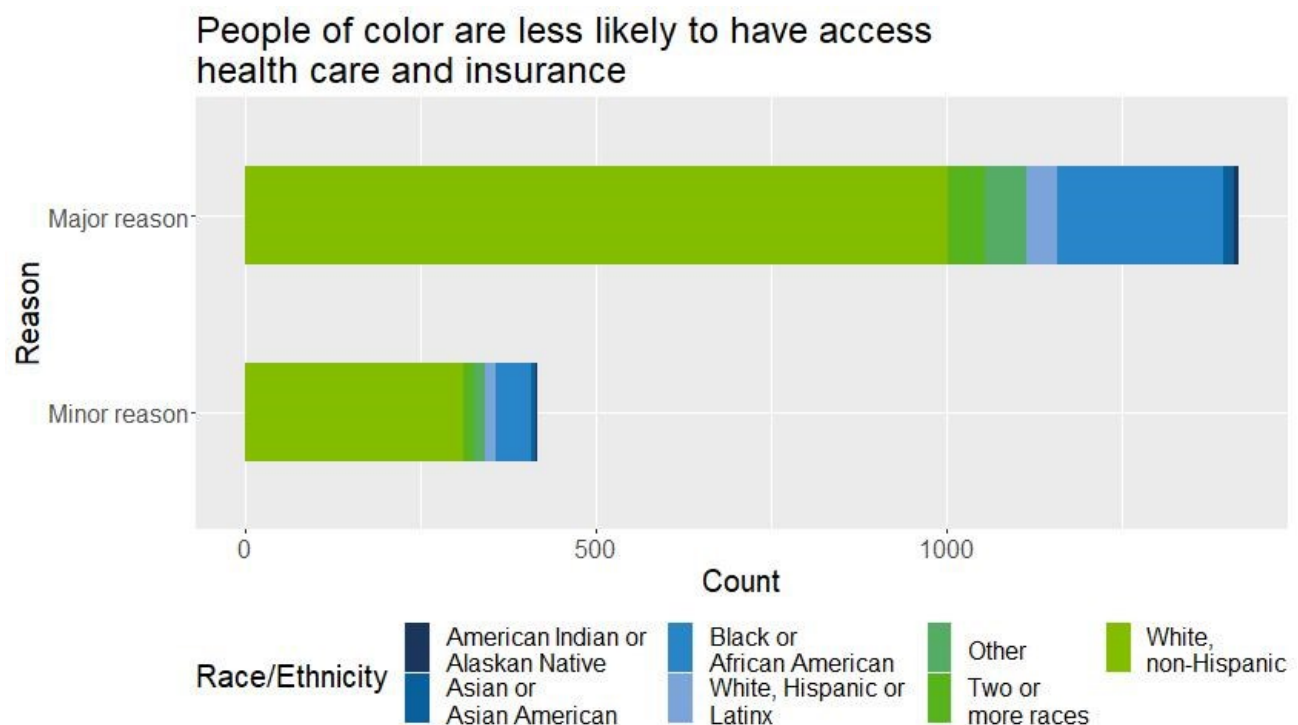
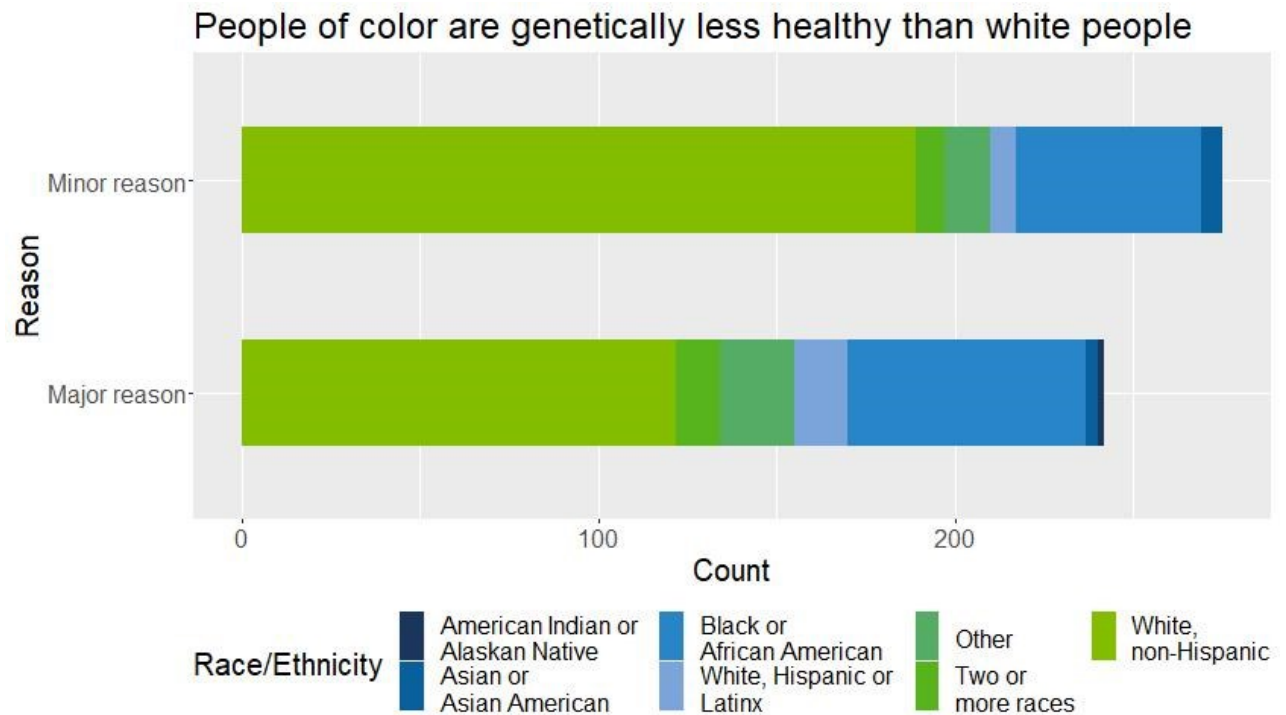
Racism structures opportunity and assigns value based on how a person looks. The result: conditions that unfairly advantage some and unfairly disadvantage others. Racism hurts the health of our nation by preventing some people the opportunity.

Respondents were asked, ***“On average, people of color in the U.S. have worse health outcomes compared to White people. Do you think any of the following are reasons for the difference?”***



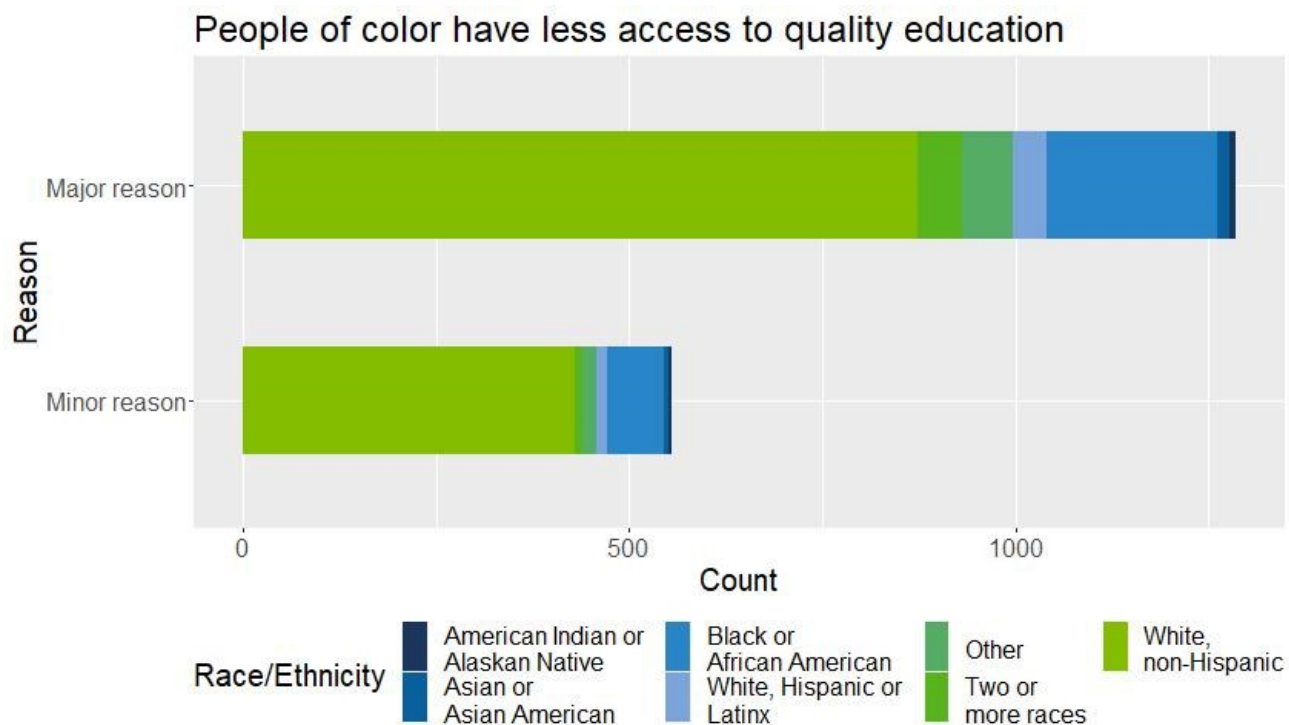
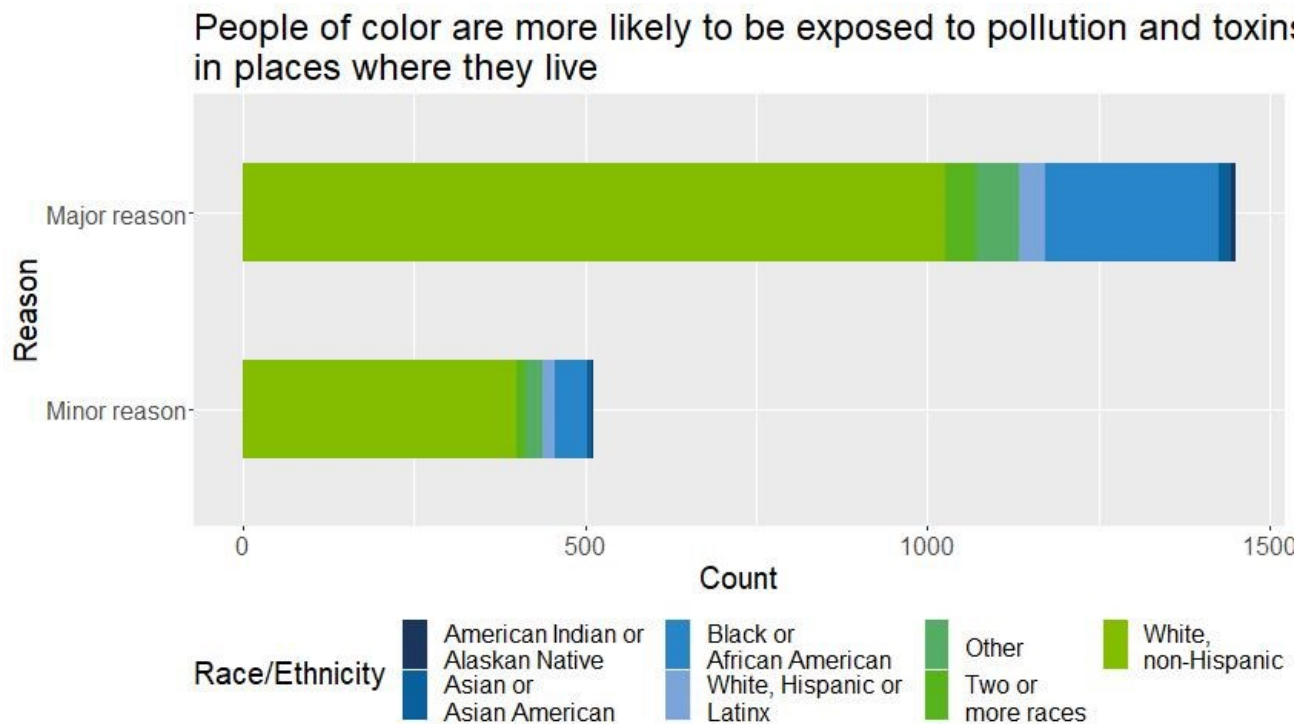
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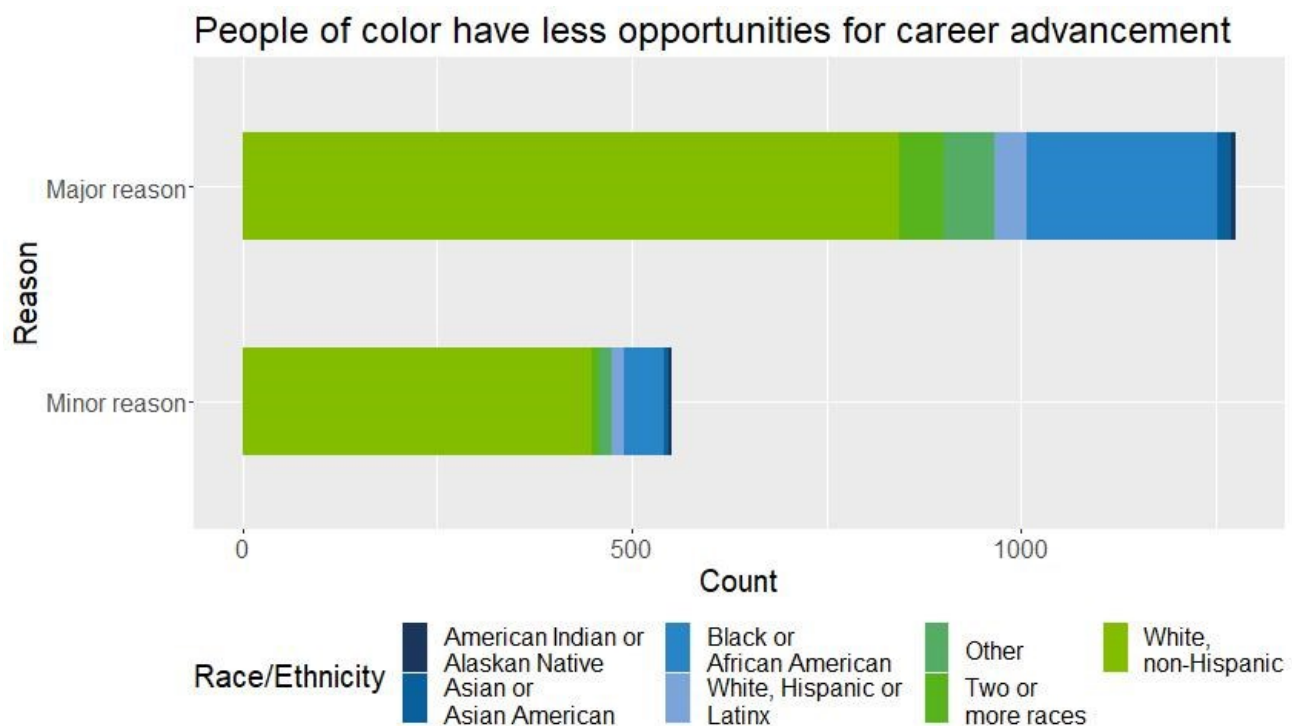
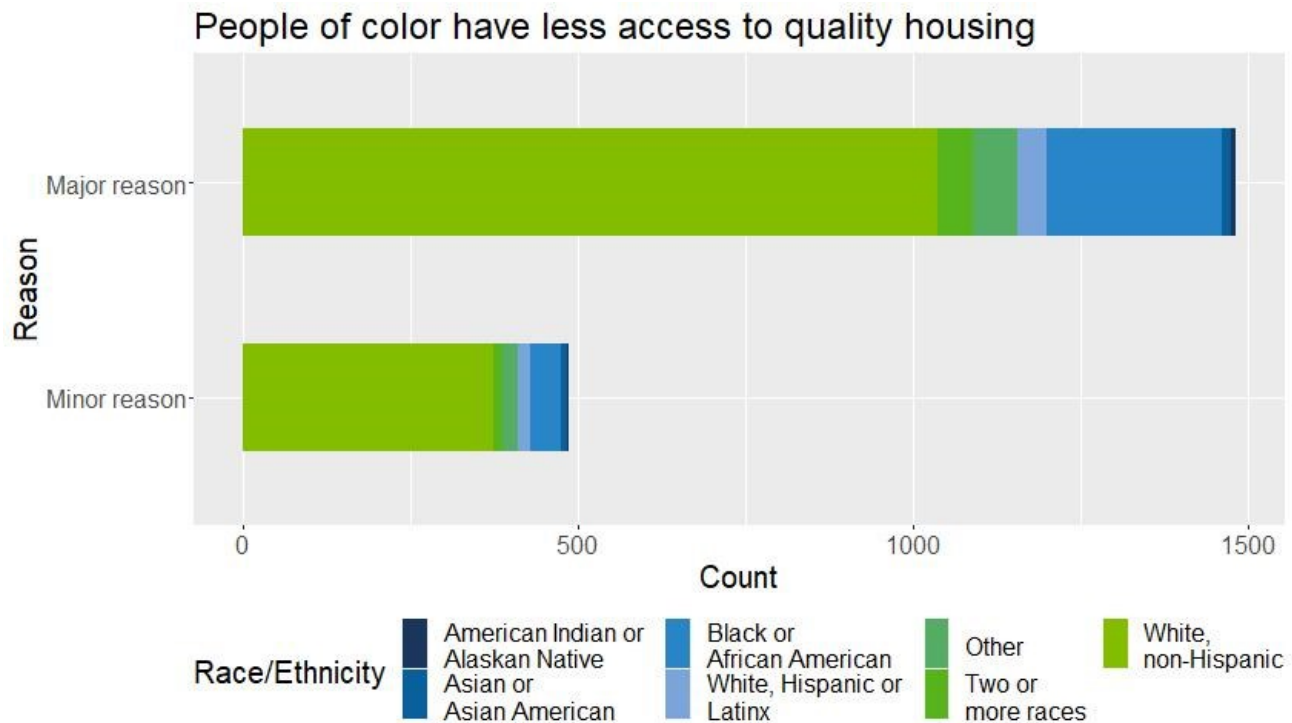
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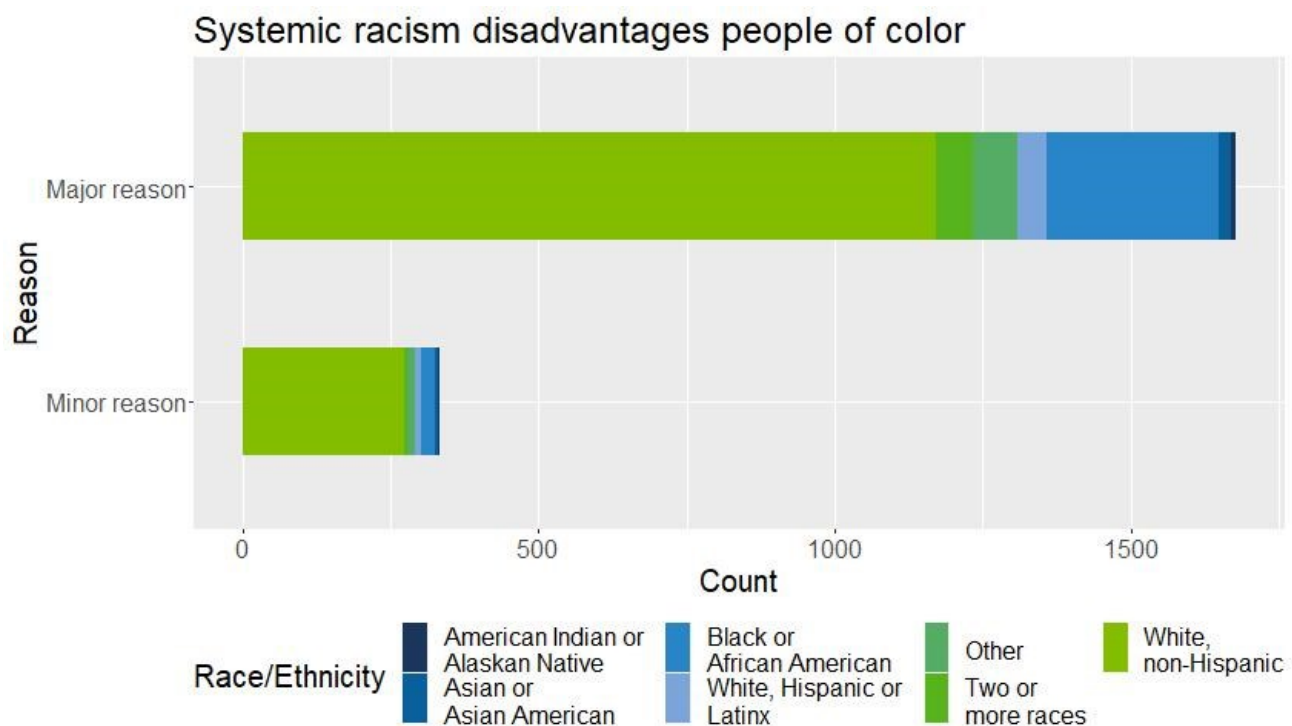
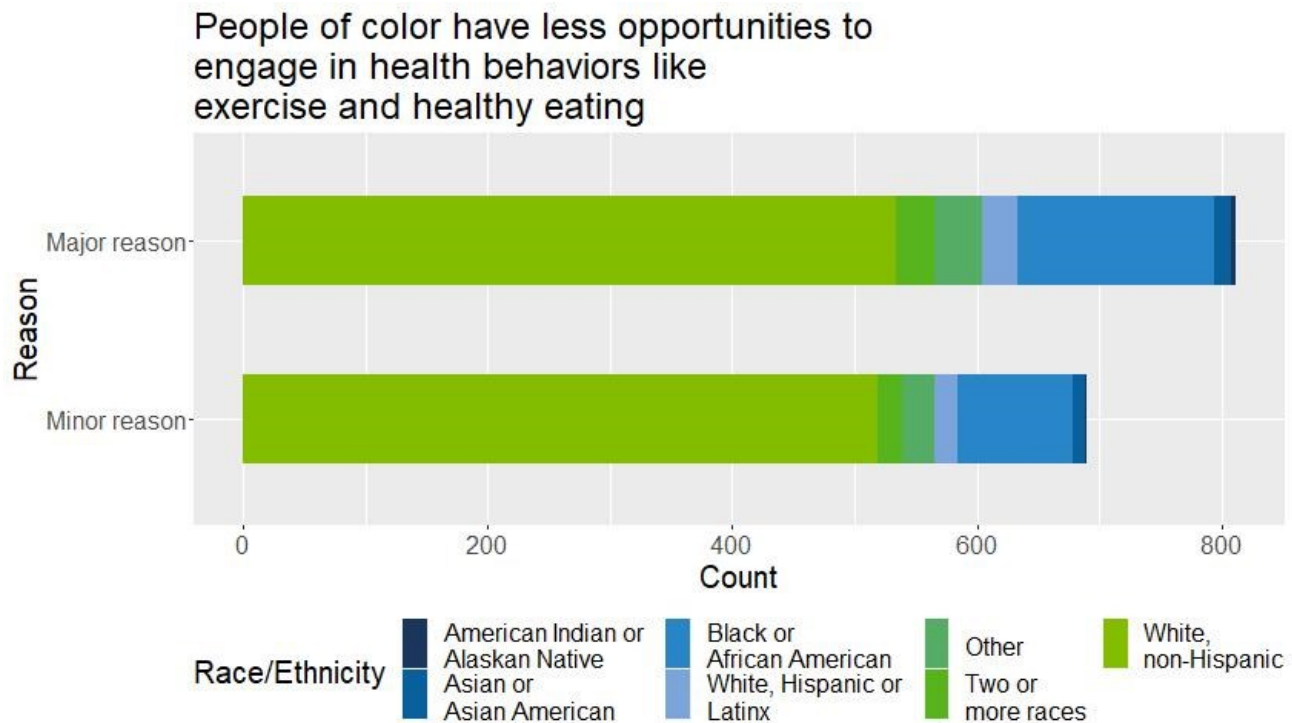
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Moving Forward

What is Next?

The City of Milwaukee Community Health Assessment (CHA) will be shared publicly for community comment and feedback. These comments and feedback, along with an asset map, will be added to the report and then used to move into a [Community Health Improvement Planning \(CHIP\) process](#) that will identify the following:

- a) Three to five priority areas for action, and
- b) Those agencies and partners best suited for addressing these issues

A CHIP process uses CHA data to select priority issues upon which to focus, develop and implement strategies for action, outline the responsibilities of a variety of stakeholders in addressing these issues, and establish accountability to ensure measurable health improvement.

In addition, MHD is currently working on and supporting specific projects that address factors tied to several of the identified health indicators.

- ⇒ **Milwaukee Opioid Response Initiative** - city-wide collaborative addressing the opioid epidemic
- ⇒ **Vision Zero** - a city-wide strategy to eliminate all traffic fatalities and severe injuries, while increasing safe, healthy and equitable mobility for all residents
- ⇒ **Office of Violence Prevention** - re-engagement, grow and evaluate violence prevention efforts
- ⇒ **Lead abatement** - MHD has expanded property lead abatement through an infusion of American Rescue Plan Act dollars
- ⇒ **Racial equity** - [MHD's 2022-2025 strategic plan](#) lays the ground work for the department to move to a Public Health 3.0 model built on anti-racist competencies, practices, and policies

Sources

1. [Census: Milwaukee area is more diverse but overall growth sluggish \(jsonline.com\)](#)
2. <https://www.census.gov/quickfacts/note/POP010220>
3. [Community Health Assessments \(milwaukee.gov\)](#)
4. https://www.hud.gov/program_offices/housing/fhahistory
5. [How Did Metro Milwaukee Become So Segregated? | WUWM 89.7 FM - Milwaukee's NPR](#)
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8. [Measuring Black/White Segregation in Metro Milwaukee | WUWM 89.7 FM - Milwaukee's NPR](#)
9. [Racial Residential Segregation: A Fundamental Cause of Racial Disparities in Health \(sagepub.com\)](#)
10. [nihms-539009.pdf](#)
11. [Very Low Birthweight in African American Infants: The Role of Maternal Exposure to Interpersonal Racial Discrimination | AJPH | Vol. 94 Issue 12 \(aphapublications.org\)](#)
12. [Not Even Past \(richmond.edu\)](#)
13. [The State of Black Milwaukee in National Perspective: Racial Inequality in the National 50 Largest Metropolitan Areas. In 65 Charts and Tables \(uwm.edu\)](#)
14. [Health Compass Milwaukee](#)
15. [Data Dashboards \(milwaukee.gov\)](#)
16. [Neighborhood socioeconomic inequality based on everyday mobility predicts COVID-19 infection in San Francisco, Seattle, and Wisconsin \(science.org\)](#)

Data repositories:

[Health Compass Milwaukee](#)

[United States Census](#)

[County Health Rankings](#)

[Big Cities Health Coalition](#)

[Healthy People 2030](#)



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